DOCUMENT RESUME

ED 159 534 CG 012 772

TITLE	Senior Centers and the Older Americans Act. Hearings Before the Special Committee on Aging. United States Senate, Ninety-Fifth Congress, First Session.
INSTITUTION	Congress of the U.S., Washington, D.C. Senate.
PUB DATE	20 Oct 77
NOTE	81p.; Not available in hard copy due to small type
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Agency Role; Government Publications; *Government Role; *Health Facilities; Hearings; Local Issues; *Neighborhood Centers; *Older Adults; Operating Expenses; Personal Care Homes; Public Health Legislation; *Recreational Facilities; State Programs
IDENTIFIERS	*Senior Centers

ABSTRACT

This booklet contains statements made before the Senate's Special Committee on Aging in October, 1977. While all statements are devoted to the issue of senior centers, this issue is presented as just one of the many issues to be evaluated in regard to an extension of the Older Americans Act. The statements are given by a number of senators and by professionals involved in the service, operational and funding aspects of senior centers. Discussed are: (1) services delivered by senior centers; (2) financial and administrative needs of senior centers for their continued operation; (3) allocation of monies by Federal and State governments; and (4) relationship between area agencies and senior centers. Appendices consist of background information on senior centers, information on selected senior centers, and materials submitted to the Senate Committee by individuals and organizations involved with senior centers. (RF)

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SENIOR CENTERS AND THE OLDER AMERICANS ACT

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

WASHINGTON, D.C.

OCTOBER 20, 1977

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
21-440 WASHINGTON : 1978

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SENIOR CENTERS AND THE OLDER AMERICANS ACT

THURSDAY, OCTOBER 20, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 10:15 a.m., in room 6226, Dirksen Senate Office Building, Hon. Lawton Chiles residing.

Present: Senator Chiles.

Also present: William E. Oriol, staff director; Tony Arroyos and David A. Rust, minority professional staff members; Patricia G. Oriol, chief clerk; Marjorie J. Finney and Theresa M. Forster, assistant clerks; and Eugene R. Cummings, printing assistant.

OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. Our chairman, Senator Church, sends his regrets at being unable to be with us this morning. He is floor manager of a bill which has been called up today. Since the Senate met today at 9 a.m., we have another problem. We will need a unanimous consent agreement to keep going past 11 a.m., or 2 hours after our session began. We hope to have word on the progress of that action in a very few minutes.

To assure that we have at least the opening statements of each of our witnesses, I will keep my questions to a minimum and ask that the witnesses keep their introductory comments to the 5 minutes which has been agreed to.

But, despite the apparent rush we are in, I want to assure the witnesses and the audience that this committee has a keen appreciation of the importance of the subject we are addressing this morning.

Senior centers are now fulfilling a vital role for members and communities in all parts of the Nation. The National Institute of Senior Centers, represented here this morning, has a membership of at least 2,500 centers, ranging from imposing new structures, such as the Waxter Center in Baltimore, to facilities which has been transformed into centers from old firehouses, schools, and churches. I believe we have photographs showing several of these amazing renovations; one center outpost, I understand, has been placed in an old railroad car. A hearing conducted by this committee last year in Iowa was held in what had been a creamery in a small community.

FUNDING LEVELS OF TITLE V

Title V of the Older Americans Act now provides funding for renovation, alternation, or acquisition of facilities to be used as multi-

purpose centers. The funding levels are still fairly modest: $20 million for fiscal year 1977 and $40 million for fiscal year 1978. In Florida, that comes to a little over $1 million in fiscal year 1977 and about $2 million for fiscal year 1978. This is welcome, but it is cut many ways.

The advent of title V funding is significant, but it is just one of the influences now at work in determining the place that senior centers will have in the so-called aging network of services and programs throughout the Nation. Centers by themselves, over the year, have developed their own priorities and their own place in the community. They stand ready, I believe, to take on additional responsibilities and significance.

This committee is working with the Subcommittee on Aging of the Committee on Human Resources on Senate deliberations related to many issues related to the extension of the Older Americans Act next year. The fact that our first hearing in this area is devoted to senior centers should give our witnesses some idea of the importance placed on that subject. I welcome you here, and I am especially glad to see that E. Bentley Lipscomb, director of the Florida Office on Aging and Adult Services, is among those who will speak this morning.

The statements of Senator Church and Senator Pete V. Domenici, the ranking minority member of the committee, who also cannot be here today, will be inserted in the record at this point.

[The statements of Senator Church and Senator Domenici follow:]

STATEMENT OF SENATOR FRANK CHURCH, CHAIRMAN

Today, this committee takes testimony on the present and future role of senior centers in the evolving network of services for older Americans.

I'm sure that other members of this committee have visited centers in their home States and elsewhere. This committee has held field hearings in a number of them. I have marveled at the uniqueness of each center. Some have no support from Federal funds but manage to keep going with bake sales, craft work, and any number of other ingenious initiatives. Some receive municipal or county support. Some have group meal programs to which Federal funds contribute, and others are receiving significant amounts of social service support through the Older Americans Act.

It's usually heartwarming to visit a center: sociability and good works abound. The growth in number of such centers testifies to their popularity, but it is also increasingly evident that centers are becoming a more and more effective means of delivering social and other services to participants.

The existing and potential value of this "one-stop" headquarters for service delivery was recognized by the Congress in 1973 when it added a new title V, for multipurpose senior centers, to the Older Americans Act Amendments of 1973.

That legislation defined a multipurpose senior center as "a community facility for the organization and provision of a broad spectrum of services (including provision of health, social, and educational services and provision of facilities for recreational activities) for older persons."

AUTHORIZED SUPPORT OF FACILITY

Title V authorized Federal support of the alteration, acquisition, or renovation of a facility to be used as a senior center. The title also authorizes a mortgage insurance and interest loan program.

However, title V had no appropriations until the transitional quarter of 1976—July 1 through September 30, 1976—when $5 million was approved. The Congress approved $20 million for fiscal year 1977 and $40 million for fiscal year 1978. In its 1 year of operation, title V has shown us that there are many questions which should be analyzed as the Congress begins to consider legislation to extend the entire Older Americans Act, including:

How can title V best work effectively with the existing Older Americans Act service network?

Should title V funds support more than alteration, acquisition, and/or renovation?

How shall performance standards be set for centers?

Today's testimony will certainly explore other issues, as well. A summary of information obtained from our witnesses today, as well as through written comments from others interested in title V, will be presented to the Senate Human Resources Committee's Subcommittee on Aging, which will conduct hearings later this year on extension of the Older Americans Act. I welcome this opportunity to work with the Subcommittee on Aging and offer this committee's assistance to them in the coming months.

STATEMENT OF SENATOR PETE V. DOMENICI

Senior citizen centers have been a way of life for many older Americans across the country. These facilities were born out of local initiative and in most instances, were supported by local government, private nonprofit organizations, or civic units. The facilities and their use date back long before the Older Americans Act was passed. Senior centers were seen as community focal points for the delivery of services and for recreational, social, educational, and cultural activities for the elderly. Senior centers administer and coordinate a wide spectrum of services relative to the needs of our older adults. Title V of the Older Americans Act recognizes the role played by these centers in the development and delivery of services. The appropriations for the purposes of title V was initially $5 million and is now at a $40 million level.

The issues concerning the reauthorization of title V are very important to everyone from every region of the country. Political ramifications for large States as well as small States in the overall funding distribution methods are of utmost importance. The realities that will have to be faced are very complex in a program such as title V that is relatively very new. Coordination between Federal Government, State governments, and local governments is needed in order to bring about overall coordination of effort among all service providers. Title V can then be an effective vehicle for establishing and renovating facilities for the purposes of serving the needs of older Americans.

I look forward to the expert testimony to be offered here today in this oversight hearing.

Senator CHILES. We will start with Mr. Lipscomb and have his statement first.

STATEMENT OF E. BENTLEY LIPSCOMB, TALLAHASSEE, FLA., NATIONAL ASSOCIATION OF STATE UNITS ON AGING; DIRECTOR, FLORIDA OFFICE ON AGING AND ADULT SERVICES; ACCOMPANIED BY DANIEL QUIRK, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C.

Mr. LIPSCOMB. Thank you.

Mr. Chairman and distinguished members of the Senate Special Commitee on Aging, the National Association of State Units on Aging appreciates this opportunity to comment on senior centers and the Older Americans Act. I am E. Bentley Lipscomb, director of the Program Office of Aging and Adult Services, Florida, and a member of the NASUA Board of Directors' Resolutions Committee.

The National Association of State Units on Aging represents the designated agency of each State government which has been charged with the responsibility of serving as the focal point for all matters relating to the needs of older persons within the State, functioning as advocates on their behalf, and promoting comprehensive, coordinated service systems through administration of the Older Americans Act programs. The purpose of the association is to improve the status of older people in our society by providing an organized channel for officially designated State leadership in the field of aging, to exchange information and mutual experience, and join together for appropriate action.

Senior centers have traditionally played an important role in the coordination of aging services by serving as a focal point in the community for the delivery of services to the elderly. There is no doubt that senior centers must play an increasingly important role in this regard as State and area agencies work toward the development of a community based coordinated comprehensive health and social service system for the aged. For that reason, NASUA has supported the passage of the title V legislation and the State units worked diligently to implement the program when it was finally funded during the transitional quarter.

SENIOR CENTERS—CENTRAL POINT FOR SERVICES

Senior centers have proven in communities throughout the Nation that they can be the central point for services to the elderly, thus enhancing service coordination. They have proven that they can pull together and provide the entire array of health and social services required to sustain independent living. They have proven that they can greatly enhance the accessibility of the elderly to services. And by their very diversity, they have proven that they can develop facilities and programs geared to the needs of the community in which they are based.

Perhaps it is this very diversity in organizational structure, affiliation, types of services provided and staffing which is the basic strength of the senior center movement—its ability to adjust to local needs and resources. In this regard, the senior centers fit uniquely into the congressional intent for all Older American Act programs; that is, the de-

velopment of supportive services determined by local priorities and available resources.

It is essential that in the design and implementation of title V, as well as other Older Americans Act programs which provide funds for senior centers, that nothing be done to inhibit this unique development of senior centers. NASUA believes that the public sector at the Federal, State, and local levels should take primary responsibility for the development, implementation, and maintenance of a coordinated comprehensive service system for older persons. At the same time, however, the public involvement in this service system—and especially with the senior center component—should foster, not hinder, the expanded participation of the private and voluntary sectors in providing needed services to the older population.

State and area agencies, then, have a responsibility to insure that senior centers are active participants in the comprehensive program being developed in each planning and service area. Yet that active participation should not require the senior center to relinquish its independence nor inhibit the expanded flow of nonpublic funds into services for the elderly. At the same time, senior centers have a responsibility to understand and cooperate with the role of State and area agencies, as mandated by the Congress, to act as the chief planners, coordinators, poolers, and evaluators of aging services. Unless all potential components of the aging network—administrators, planners, evaluators, and service providers—work collectively and cooperatively, the elderly will continue to be shortchanged even by those who purport to serve them.

Therefore, we strongly recommend that title V be made a State formula grant program with State flexibility on the distribution of these funds within States.

OAA Should Become Model of Program Coordination

This recommendation is based on the association's belief that the OAA should become a model of program coordination which results in the most effective and efficient delivery of services to the elderly. The administration of title V as a State formula grant—identical to titles III and VII—would help insure the coordination of this program with other aging programs. The argument that the system used during the transitional quarter permits more opportunity for centers which are not part of the aging network to receive funds is not only false, but is also based on a misunderstanding of the Older Americans Act itself.

Let me underscore comments I made earlier: As a major focal point for the delivery of services, the senior centers must be active participants in the comprehensive programs being developed in communities throughout the Nation. The notion, heard in some quarters, that some centers are outside the aging network and should remain so undermines the overall goal of Older Americans Act programs: To develop a comprehensive community based coordinated social service system for the elderly which fosters independent living.

Even beyond these important coordination issues, a State formula grant program is more administratively efficient and programmatically effective. The Administration on Aging does not have the staff

resources to process thousands of individual senior center grant applications, nor would it be cost efficient to provide the central office with adequate staff to undertake such an effort. But even more technically, such a centralized system would remove decisionmaking authority from the State and local levels. Experience with the transitional quarter ranking procedures clearly demonstrated that it was the State and area agencies which had the most complete and reliable information upon which funding decisions could be made.

Second, NASUA recommends that title V–B be reauthorized and amended to provide staffing and operating costs for multipurpose senior centers being developed or expanded with part A funds. We reject the notion that title V should become another service title, but are acutely aware of the needs for seed money to hire qualified staff and to pay for core operations, including equipment costs. As this committee is aware, the authorization for Part B of title V was mistakenly allowed to lapse when the Older Americans Act was reauthorized in 1975. We are told that many additional existing centers and potential centers will be able to apply for part A funds if in fact staffing and operational funds are made available. We urge the reauthorization of part B and its modification to allow for staffing beyond the initial stages of development as well as for core operational costs.

NASUA Recommends Limited Construction Be Allowed

Third, NASUA recommends that, at State option, limited construction be allowed under title V if it can be demonstrated that no other facility is available in the area for renovation, alteration, or acquisition as a multipurpose senior center. The lack of such facilities is an acute problem in many rural areas of the Nation. Granted that ground-up construction costs are very expensive, rural America has consistently demonstrated over the years how much can be done with very little money. As with all funds provided through the OAA, limited construction funds could be used in some communities to stimulate local resources to support such construction. NASUA is convinced that much is to be gained and nothing to be lost by allowing this flexibility under title V.

Finally, NASUA has not taken an official position on the implementation of sections 506 and 507 of title V—mortgage insurance and interest grants—because reliable information is not available on how these programs would operate nor what implications they would have on the funds available for part A and part B of the title. It is false, however, to argue that there is no interest in the aging field or among centers themselves in these potential programs. What is required is a detailed analysis on how these programs would operate by those with expertise in these areas. Because the Administration on Aging has been reluctant to implement these programs, we believe this committee could provide an invaluable service to the field and aging policymakers by undertaking a detailed study of these sections of the law.

Thank you for consideration of our views on these important issues.

Senator Chiles. Thank you, sir.

Our next witness will be Donald F. Reilly, Deputy Commissioner of the Administration on Aging.

Mr. Reilly, we want to thank you very much for your presence here. We would like to hear from you now.

STATEMENT OF DONALD F. REILLY, DEPUTY COMMISSIONER, ADMINISTRATION ON AGING

Mr. REILLY. Thank you, Mr. Chairman.

We view title V as closely related to titles I, III, and VII of the Older Americans Act.

Title I sets forth a declaration of objectives for older Americans. The 10 long-range objectives set forth in this title have properly been called a bill of rights for older persons.

Title III provides for a national network of State and area agencies to foster the development of a comprehensive, coordinated service delivery system to meet the needs of older persons in each of the 596 planning and service areas which cover the Nation. The purpose of these delivery systems is to bring together all available public and private resources to support the maximum degree of independent living for older persons and to support continued participation by older persons in their communities. This responds to the eighth objective in title I: "Efficient community services, including access to low-cost transportation, which provide social assistance in a coordinated manner and which are readily available when needed."

Area agencies on aging carry out the roles of planner, catalyst, advocate, and funder of needed services. There are area agencies operational for 545 of the 596 planning and service areas.

Any services needed by older persons can be supported under title III. Four services have been earmarked in title III for special attention: transportation, legal and other counseling, home services, and home repair. A very wide range of other services is also supported.

Title VII provides specified funds for another important service, congregate meals and, where appropriate, transportation to the meals site or home-delivered meals to eligible individuals who are homebound. Where such services are not otherwise available, nutrition projects can include funding for informational, health and welfare counseling, referral services, as well as recreation activities.

CENTER CAN BE DELIVERY OR CONTACT POINT

The point is that a multipurpose senior center can be the delivery or contact point for each of these services if the center is an integral part of the service delivery system for the locality. This is the one-stop approach to bringing together older persons and services that help them remain independent and active in their communities.

Title V, sections 501–505, provides, for grants or contracts for acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers. These awards can include the initial equipment of such facilities.

The term "multipurpose senior center" is defined in the act as a community facility for the organization and provision of a broad spectrum of services for older persons, including provision of health, social and educational services, and provision of facilities for recreational activities.

The statute also directs that "in making grants and contracts the Commissioner shall give preference to the acquisition of multipurpose senior centers in areas where there is being developed a comprehensive

and coordinated system under title III of the act. . . ." Thus, the Congress has recognized that fully developed multipurpose senior centers can be effective and efficient delivery vehicles for services funded under titles III and VII and from other public and private sources; and that such centers can be the local partners of the planner-catalyst-advocate-funder area agencies on aging.

State and area agencies on aging have identified this potential. A study by the National Council on the Aging identified that 41 percent of senior centers receive, or had received, title III funds to develop services. The percentage of title VII meal sites located in senior centers has risen to 25 percent of the national total.

The number of senior centers has been growing steadily. AoA financed a study by NCOA in 1974 which identified 2,362 operational centers. We estimate that there will be over 3,600 centers in operation by the end of the year. This growth rate represents a grassroots response to a clearly identifiable need. However, relatively few of these centers meet the definition in the Act.

The NCOA survey found that: Three out of four senior centers reported that facility size limited the kind and number of programs offered; the number of full-time paid staff members was often inadequate; and over half of the center directors saw limited hours of operation as an important barrier to participation by older persons.

The funding of the title V program which began in the fiscal year 1976 transition quarter, has given AoA a new tool to help establish new multipurpose centers where they do not exist and to help improve the facilities of existing centers. Twenty million dollars was obligated to State agencies on aging in September. Another $40 million will become available to the States after enactment of the fiscal year 1978 Labor-HEW Appropriations Act.

Increases In Funds Should Help

This $20 million increase in title V funds coincides with an increase of $31 million in title III area planning and Social Services, and $25 million in title VII nutrition services for fiscal year 1978. This combination should help State and area agencies on aging to make planned progress on the development of multiservice senior centers as integral components of evolving area service delivery systems. AoA will ask State and area agencies to jointly agree on targets for the number of such centers to be operational by March 31, 1979, for each State, based upon their individual circumstances.

These centers will be expected to focus attention on the needs of the most vulnerable older individuals in the community. Emphasis will be placed on outreach to attract participation from both low-income and minority elderly, as well as the elderly with physical or psychological impairments.

AoA will take several steps to provide technical assistance for center development. We have made an award to NCOA to develop quality standards for senior centers. We are about to publish a handbook on senior centers, which contains the current best practice information.

Senator Chiles. If I might just interrupt here a minute.

Mr. Reilly. Yes, sir.

Senator CHILES. Where you say, "These centers will be expected to focus attention on the needs of the most vulnerable older individuals in the community," are you referring to the full center operations or only those programs funded through the Older Americans Act? I ask that question because, as you know, many centers have programs which receive no support from Federal sources. Those programs may not be limited to the most vulnerable older individuals in the community.

Mr. REILLY. That is correct, Mr. Chairman, but as Mr. Lipscomb said, the thrust of the Older Americans Act as we understand it, and particularly title III, is that all resources, public and private, ought to be brought together and coordinated for the benefit of older people.

As we see it, there are a number of senior centers of varying degrees of capacity and under varying kinds of sponsorship in the community right now. What we want to see is a bringing together of these centers, to the maximum degree possible, with the providers of other services, with the area agencies serving essentially as a bridge between these various community resources. The point is to try to do better for older people by a relating of resources from what are now independent kinds of efforts.

We are not planning to proscribe hard and fast rules. Our view, again I think, in conformance with title III, is that community services are best developed at the community level in terms of the local conditions. What we want to do is provide an impetus toward doing away with separatism and getting all the resources for older people working together in the community.

CONCERN ABOUT CENTERS NOT GETTING FUNDS

Senator CHILES. Well, I think that is very laudable. I am a little bit concerned where you have centers that are not getting their funds under the Older Americans Act and perhaps have not put all of their attention on the most vulnerable citizens, perhaps by virtue of where they are getting their funds, and then we are going to try to herd them into a program in which we say the target has to be the most vulnerable citizens. I just don't think that is going to work.

I think we can control the people we are giving money to, but I don't see how we are going to control those that receive money from separate sources, and maybe we should not. While we want to have a coordinated program, maybe it is beneficial that the Jewish Center on such-and-such street decides that it is going to service older people within their population but not necessarily focusing their attention on the most vulnerable, while another, depending on its source of funding, may stress services to the most vulnerable.

Mr. REILLY. I would like to respond to that in two parts. First, I would like to respond to the word "control." We don't have the intent of controlling either the centers that are not funded under the Older Americans Act, or even those that are. Second, what we are looking for is a recognition in the community that older people present a wide span of conditions ranging from the very healthy, very mobile elderly to the very impaired elderly. We don't advocate a single senior center model. What we are concerned about is that a range of facilities should

exist in any community so that there is provision for meeting needs ranging from those of the well elderly to those at the other end of the spectrum. We want to make sure that when communities pay attention to the needs of the well elderly, that the impaired elderly are not overlooked. That can be handled in a variety of ways. It could be handled in different centers. Some centers could provide a full range of services across the spectrum, depending on their individual resources and their individual sponsorship.

The senior center movement originated out of a concern for meeting the needs of the relatively well elderly. Many centers have moved toward providing services for the impaired elderly. We want to accelerate that movement, so that the needs of the impaired elderly are met in an increasing number of communities.

We will advise State and area agencies in their planning process to coordinate with the Department of Housing and Urban Development area offices and with local governments regarding funds for housing, community development, and neighborhood revitalization to achieve joint programing wherever feasible. This is part of the same effort, this tapping of whatever resources are available in order to make them all bear to the maximum degree on the needs of older people. We will also develop and publish a guideline on minimum desirable criteria for the participation of multipurpose senior centers in the development of comprehensive, coordinated service delivery systems.

Proposal Under Study

As part of the development of proposals to extend the Older Americans Act, the administration currently has under study a proposal that would convert title V into a formal formula grant. It is impossible, as Mr. Lipscomb has already pointed out, for AoA to handle individual senior center applications nationwide. We do not believe that it is advisable even if we did have the necessary staff. The decisionmaking on title V awards should be part of the area planning process so that there is an explicit linking of funds for services and funds for facilities in which the services will be delivered.

In addition, sections 506 and 507, which provide, respectively, mortgage insurance for multipurpose senior centers and annual interest grants are under study as part of the development of the administration's proposals for extension of the Older Americans Act. Part B of title V, as has previously been stated, has not had its authorization expanded. However, this is also being looked at as part of the total package which will result in administration recommendations.

We are currently administering title V as much like a formula grant as possible. We apply the title III formula to title V and notify each State of the amount for which they can apply. Each State then makes title V awards based on the recommendations of the area agencies. Only three States and one territory have not chosen to have AoA handle title V awards based on their recommendations, but each of these is a relatively small jurisdiction and we have been able to handle that volume of applications.

Federal support for multipurpose senior center facility development is new. There are questions that need to be resolved. New questions will probably arise in the future. The important thing to focus on, however, is that these centers can play an important role in increas-

ing the effectiveness and efficiency of the delivery of services needed by older persons.

We expect that fiscal years 1978 and 1979 will mark significant forward steps in the development of multipurpose senior centers. We see these centers, as I have previously stated, as a part of a continuum of services which must evolve rapidly to help impaired older persons maintain independent living. We see them also as focal points for helping older persons remain active participants in their communities.

Thank you for inviting me to share our views on senior centers and title V. If you have any questions, I would be glad to respond.

Senator CHILES. I think we are glad that that word "care" has been changed to "services," because that gave us some concern when we first saw the statement as to how you viewed the centers—whether they were just going to be for treatment of ill persons—and I think you have clarified that.

We thank you very much for your statement.

Mr. REILLY. Thank you.

Senator CHILES. Our next witness will be Wallace Clair from the National Association of Area Agencies on Aging, and director of the Central Virginia Commission on Aging, Lynchburg, Va.

STATEMENT OF WALLACE CLAIR, LYNCHBURG, VA., NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING; DIRECTOR, CENTRAL VIRGINIA COMMISSION ON AGING; ACCOMPANIED BY RAY MASTALISH, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

Mr. CLAIR. Mr. Chairman and members of the Senate Special Committee on Aging, I welcome the opportunity to present to you this morning a statement on behalf of the National Association of Area Agencies on Aging—N4A—on the subject of senior centers and the Older Americans Act.

I have made a couple of changes in the statement that you have before you, and I hope you don't mind.

I am Wallace Clair, director of the Central Virginia Commission on Aging, Lynchburg, Va. The commission, or what we refer to as the area agency on aging, represents a planning and service area made up of four counties in central Virginia, an area which is primarily rural, and the cities of Lynchburg and Bedford. There are 29,990 elderly persons 60 or over within this four-county area, of which 30.1 percent are below the poverty level. We are at present supporting 17 senior centers in this planning and service area with title III funds and local match, one having recently applied for title V funds under the Older Americans Act. In addition to that, Mr. Chairman, we also assist, with information and technical assistance, 14 other senior centers that are privately funded—through church groups, YMCA, YWCA, and so on.

AREA AGENCIES HAVE RESPONSIBILITY

There are currently over 550 area agencies on aging across this country which have responsibility for identifying the needs of the elderly and for planning and coordinating services to meet those needs.

Over 90 percent of the Nation's elderly are living in planning areas for which area agencies on aging have developed area plans. These area plans reflect the wide spectrum of demographic characteristics of our Nation's elderly: The varied needs peculiar to specific geographic areas; the special needs of the low income, minority, and impaired; and the availability, or lack thereof, of services available within the various planning and service areas to meet the needs of the elderly. It is the individual area agencies on aging that are responsible for being knowledgeable about the elderly in their planning and service areas, and for assuming the responsibility as provided for under title III of the Older Americans Act in seeing that the elderly have access to needed services through a comprehensive service delivery system within those areas.

In developing or promoting the use of existing comprehensive service delivery systems, it is incumbent upon the area agencies on aging to utilize all available resources, including the thousands of senior centers that currently exist across the Nation. There are insufficient resources available to meet all of the needs of the Nation's elderly; therefore, any one resource cannot be ignored by an area agency on aging as it works toward the development of a comprehensive service delivery system that is responsive to the needs of the elderly. Furthermore, senior centers are not only a proven success in many communities, but through the existing title V of the Older Americans Act their role is being enhanced and strengthened where they already exist and new senior centers are being developed in areas where they do not presently exist.

The National Association of Area Agencies on Aging, therefore, welcome this opportunity to go on record as encouraging the Congress to include and strengthen within the Older Americans Act amendments those activities provided for under the existing title V. N4A also has several recommendations regarding the administration of the senior center program provided for under the Older Americans Act which we believe would enhance the program as well as the effectiveness of the local comprehensive service delivery systems.

Many area agency on aging directors recognize the value of having comprehensive senior centers within their planning and service areas. Just as the area agencies on aging are a critical link between the State agencies on aging and the elderly for the purposes of implementing the Older Americans Act programs, so can the senior centers play an effective role as a means by which the area agencies on aging can succeed in the development of a comprehensive service delivery system at the community level. It is incumbent upon all of us who are concerned about meeting the needs of the elderly to look at the successful examples where senior centers are effectively utilized as a component of the comprehensive service delivery system and then build on those examples.

Comprehensive Service Delivery System

One way of promoting the development of a comprehensive service delivery system at the local level is to insure that senior center activities are coordinated with, and in support of, efforts of service providers. For example, the annual area plans which are submitted to the State agency on aging should address the senior center program

provided for under the Older Americans Act as an integral part of the local comprehensive service delivery system.

We urge that the Congress strongly consider using the block grant approach in distributing senior center funds to the States and from the States to the local areas as part of the area plan. Including the senior center program and funding as part of the area plans will insure: (1) Maximum utilization of senior centers as a service delivery mechanism to meet the needs of the elderly; (2) services provided through senior centers would be coordinated with the overall services delivery system within the planning and services area; and (3) utilization of the funding mechanism already established at the area agency level as opposed to having senior centers funded directly by the Administration on Aging or State agencies which might not necessarily be in concert with the area plan.

Unless shown by the State agency on aging that a senior center activity should be funded directly by the State as opposed to being part of the area plan and administered through the area agency on aging, all senior center funds should be part of, and flow through, the area agencies on aging. That flow in itself will promote a better coordination of service delivery to the elderly at the local level.

Because the area agency on aging is responsible for identifying needs of the elderly within their planning and service area, they are in a position to assess alternative ways to utilize funds to the maximum degree in meeting those needs. This fact is particularly evident when one considers the diversity of the service delivery systems across the country as well as of the senior centers themselves.

For example, flexibility in how senior funds are used at the local level is crucial. This is particularly significant when one looks at the differences between rural and urban areas. The senior center program may be quite different in an urban area where it may be easier to find existing physical facilities than it may be in a rural area; accessibility to an urban senior center may be very different than accessibility to a rural center. Other examples include the need for construction—within limits—of senior center facilities in areas where no existing physical facilities can be obtained; the need for staffing and operating costs where facilities may be made available through such programs as community development grants but where resources cannot be found to staff the facilities.

Therefore, the National Association of Area Agencies on Aging urges that flexibility be provided in the senior center program which would allow the area agencies on aging, in conjunction with the State agency on aging, to determine the best utilization of senior center funds as part of the area plan for developing a comprehensive service delivery system.

Another Option in Meeting Needs

Sections 506 and 507 of title V providing for mortgage insurance and interest grants should also be implemented as that provides still another option in meeting the needs within a particular planning and service area.

Unfortunately, the National Association of Area Agencies on Aging is not in a position at this point to provide the committee with specific examples of the various comprehensive senior center programs that

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have evolved in conjunction with the planning efforts of the area agencies on aging. The association expects to have this type of information available soon. I can say, however, that the N4A board of directors in their meeting 2 weeks ago, passed a resolution calling for the development of a close working relationship between N4A and the National Institute of Senior Centers. We are confident that such a working relationship will help promote the development of senior center programs which are an integral part of an overall comprehensive service delivery system at the local level.

I would be very happy to answer any questions you may have from my perspective as the area agency on aging director in a rural area.

Thank you.

Senator CHILES. Our next group, all coming from the National Institute of Senior Centers, will be introduced by Leon Woolf, the chairperson of the National Institute of Senior Centers.

STATEMENT OF LEON M. WOOLF, CHAIRPERSON, NATIONAL INSTITUTE OF SENIOR CENTERS; DIRECTOR, WAXTER CENTER FOR SENIOR CITIZENS, BALTIMORE, MD.; ACCOMPANIED BY JOYCE LEANSE, DIRECTOR, NATIONAL INSTITUTE OF SENIOR CENTERS, NATIONAL COUNCIL ON THE AGING

Mr. WOOLF. Thank you, Mr. Chairman.

I want to begin by expressing my appreciation for the opportunity to take part in this hearing. I am the director of the Waxter Center for Senior Citizens in Baltimore. Waxter is a 7-day-a-week, 10,000-member multipurpose center which provides social, recreational, and educational activities, nutrition programs, legal assistance, employment projects, social work, health services, and a whole battery of programs designed to keep older people well, independent, and noninstitutionalized.

I also serve as deputy director of the Baltimore City Commission on Aging and Retirement Education, which administers the city's area agency on aging. In addition, I was recently elected chairperson of the National Institute of Senior Centers, a program of the National Council on the Aging. The institute is the only national organization representing the senior center field. Its advisory board is a delegate council of 45 elected representatives from centers across the country, representing every region in the United States.

Nearly 35 years ago, the first senior center was established in New York City. There are now over 5,000 centers in the United States, ranging from small programs with budgets under $20,000 to extensive multipurpose centers with annual budgets over $1 million. Senior centers serve more than 5 million older Americans—nearly a quarter of the over-65 population. Most centers are growing, reaching more and more people with an expanding range of services. The incredible growth of senior centers over the past three decades is testimony to the success of the concept of centers.

SENIOR CENTERS AS SERVICE PROVIDERS

Senior centers are only beginning to achieve their potential as service providers—a potential which should be better understood and recognized, particularly in the following areas:

Senior centers are community based in the true sense, reflecting local needs, initiated through local effort with substantial assistance from older people themselves.

Centers are located in all types of communities—rural, small town, urban, suburban—and serve older people of all ethnic groups and economic levels.

Centers offer comprehensive services, including health screening, health care, physical fitness, information and referral, nutrition, employment, personal counseling, and group services—education, recreation, cultural pursuits in art, drama, and literature. Through networks of participant volunteers, centers reach out into their communities, bringing essential services to the homebound. By maintaining extensive community linkages, centers make more services known and accessible to older people. And other agencies, such as health departments and legal aid, use center facilities as a base for effectively delivering their services.

Many centers derive their funds from as many as 10 different sources—public and private.

Center staff—paid and volunteer—is experienced in the administration and mechanics of a broad range of activities and services.

In centers, older people serve as board members, staff members, volunteers, fundraisers—making decisions and actively shaping their own programs.

Centers operate as single facilities or as a network of centers providing services to an entire community.

In short, senior centers are a time-tested vehicle for the delivery of comprehensive services using public, private, and volunteer resources.

There are several specific issues under consideration in this hearing, but they all address the same problem: How to provide better services to older Americans. We are all familiar with the problems of fragmentation, inaccessibility, and gaps in services that exist in both urban and rural communities across the country. The State units and area agencies were created to foster the development of comprehensive and coordinated service systems to address these problems. They have labored with dedication. But in addition to strengthening the service system through planning, pooling, and coordinating resources, communities need a physical focal point for services for older people. Senior centers have proven themselves to be effective one-stop delivery points for their own services and those of other agencies.

In many communities, centers like my own serve as visible and identifiable focal points for aging services. Baltimore also offers a fine example of local community commitment, in that our citizens voted a $3.8 million bond issue to build the Waxter Center. But local initiative and resources are not always sufficient, especially in rural areas. Title III of the Older Americans Act has offered some assistance for service provision, but it was not until the 1976 transitional quarter title V appropriation that the Federal Government began to directly encourage center development by enabling centers to acquire or improve their facilities.

Congress Has Opportunity

With the 1978 reauthorization of the Older Americans Act, Congress has the opportunity to set the stage for a strong partnership between

senior centers and area agencies by designating the senior center as a focal point to help bring services and people together. The National Institute of Senior Centers stands ready to assist in any way it can in working toward the achievement of this goal.

Let me now move to a number of specific recommendations about the administration and reauthorization of the Older Americans Act. I believe these recommendations will help communities throughout the Nation realize the goal of the Older Americans Act: To provide comprehensive, coordinated, community-based services to older Americans.

(1) Fostering a focal point in the community for comprehensive-coordinated service delivery.—As I indicated previously, senior centers have proved that they can be the central point in communities, not only for delivery of their own program but also for services provided by other agencies at the center or through referral linkages. Senior centers also function as the hubs of effective programs of outreach to homebound older people. This role is recognized in title V itself, which states that senior centers are intended to be a focal point in communities for the development and delivery of social services and nutritional services for older people. It is important to support this proven vehicle for service delivery and to integrate centers more fully into the growing aging network by:

(a) Designating in the area plan and, where necessary, developing multipurpose senior centers to serve as a physical focal point.

(b) Encouraging the placement of titles III and VII services in multipurpose centers to support current service programs and create new ones.

(c) Encouraging community service providers to use centers as a base for providing services or to develop referral linkages with centers.

(2) Funds for costs of facilities.—The Congress has given important encouragement and impetus to the senior center movement and to communities across the country with the funding of part A of title V for the costs of acquisition, alteration, or renovation of facilities to serve as multipurpose senior centers. The $5 million appropriated for the fiscal year 1976 transition quarter are being used by 549 centers, with an average grant of $10,000. Another 1,000 to 1,500 will use the $20 million appropriated for fiscal year 1977. This support for facilities is greatly needed and greatly appreciated. However, there are still over 3,000 centers that may need some support, and some of the centers already funded may need title V assistance for future alterations. In addition, communities currently having no center may wish to start one.

Equal Distribution of Funds

(3) Method of distribution of title V facility funds—formula or discretionary grants.—Funds for part A of title V, like titles III and VII, should be administered as a formula grant program to the States, based on their share of the population over age 60. This would assure equitable distribution of funds among the States. However, funding for facilities is different from funding for services, and consideration should be given to establishing a flexible method for distribution of funds within the States. Although the current requirement that equal funds be given to each planning and service area may appear to be fair, in practice this method tends to result in widely dispersing small

sums rather than concentrating adequate funding where it is most needed. For this reason, a statewide competitive system based on recommendations from area agencies might be considered. This system would make it possible for some communities each year to realize the intent of title V to provide a focal point for service delivery.

(4) Support limited new construction.—The objective of title V is to help communities develop senior centers. This is to be accomplished through acquisition, alteration, or renovation of existing facilities. However, in many areas, especially rural communities, there are no facilities suitable for conversion into senior centers. Therefore, I urge that some title V money be allocated for new construction in areas recommended by the State and area agencies.

(5) Reauthorize and amend title V–B to provide operational funds.—In addition to funds for facilities, I recommend that title V–B be reauthorized and amended to allow for some funding of operational costs of staff beyond initial development. Multipurpose senior centers are not just another service provider, they are also an important vehicle for service delivery. Title V should not be just another service title, but should provide money to pay for core operations and hire qualified staff. As this committee is aware many communities, especially in rural areas, lack the resources to initiate new centers or improve existing ones. The lack of money for staffing and operational support also threatens the continued existence of some established centers. Therefore, I urge the reauthorization and modification of part B to allow funding for senior center operation, like that currently available for operating title VII projects.

(6) Provide training support for senior center personnel.—The training needs of senior center personnel need to be addressed in AoA, State, and area agency training activities in terms of professional degree programs as well as workshops.

(7) Sections 506 and 507, mortgage insurance and interest grants, need study.—Sections 506 and 507 could be very helpful to nonprofit sponsors of senior centers who are seeking loans for construction and equipment for a center. The issue of implementation should be studied thoroughly in preparation for reauthorization. This should include an examination of how these programs would operate, the potential demand, and recommendations about the agency that would administer these sections.

Centers: An Important Resource

In closing, I would like to quote if I may from the testimony of Mr. Lipscomb this morning: "Unless all potential components of the aging network—administrators, planners, evaluators, and service providers—work collectively and cooperatively, the elderly will continue to be shortchanged even by those who purport to serve them." The aging field has evolved a unique and strong institution in senior centers, and we need to utilize more vigorously this important resource.

Thank you, Mr. Chairman.

Senator Chiles. Where does the number of 5 million or more older Americans come from? Do you have census on that or is that an estimate or what?

Mr. Woolf. Well, the Harris poll, sir, gives information, as does the study that NCOA conducted itself. In our study, we got a 41 percent

response back, and based on that we estimate that there are 5,000 senior centers in the country. We know, for example, of major senior centers that did not respond to the questionnaire so our figure of 5,000 centers and 5 million people, we think, is pretty close to what it really is.

May I introduce now, representing a senior center from an urban setting, Mrs. Ann D. Hill, the director of the St. Martin de Porres Multiservice Senior Center in Providence, R.I. The center was established in 1970 and serves over 1,000 older people from the community and two nearby housing projects.

I also would like to introduce Richard Halvorson, who is the director of the Sandy Senior Center in the rural community of Sandy, Oreg. His center was established in 1974 and currently serves over 500 older people in two locations.

I would also like to recognize Joyce Leanse, who is the director of the National Institute of Senior Centers and assistant director of the National Council on the Aging.

Senator CHILES. Mr. Halvorson.

STATEMENT OF RICHARD HALVORSON, DIRECTOR, SANDY SENIOR CENTER, SANDY, OREG.

Mr. HALVORSON. Thank you very much for this opportunity to appear at this hearing on senior centers. My colleagues and I are delighted that senior center representatives are being given this opportunity by the Senate Special Committee on Aging to offer testimony.

My position is that of director of the Sandy Senior Center, Sandy, Oreg.

Sandy Senior Center is operated through the auspices of the city of Sandy Recreation Department as a rural multipurpose program for senior adults. It is a 5-day-a-week program presently serving 500 seniors at two sites.

Services include information and referral, recreation, outreach, transportation, nutrition, preventive health, financial assistance, and volunteer opportunities. Most of the above are direct services provided by the senior center. Many others are coordinated with existing local, State, and Federal agencies; that is, area agencies on aging, and Social Security.

The senior center initially began serving 200 senior adults on a cash budget of $21,000 in 1974. Today, in fiscal year 1977–78, we anticipate actively serving over 600 with a cash budget of $49,000 plus.

Fiscal support for the senior center has increased nearly 127 percent in 3 years of operation. Budget resources include the city of Sandy general fund, revenue sharing, title III and title VII of the Older Americans Act, and program income.

Rural multipurpose senior center programs will vary in their organizational structure, fiscal support, areas and facilities, site locations, sponsoring auspices, types and levels of services. However, in reference to society's larger and unreactive bureaucratic government structures, the bottom line application of decentralized services is the multipurpose senior center.

Focal Point for Service Delivery

Multiple services under an umbrella agency, such as a multipurpose senior center, provides a focal point for service delivery in the local communities. The community draws upon the senior center to identify and address senior adult needs, problems, and issues. Cooperative agency planning, organizing, coordinating, and advocacy for senior adult services enhances the role of senior centers as viable components of this service provider system.

Rural multipurpose senior centers are fast establishing themselves as a viable part of the aging services network within rural America.

To improve services in rural America, the following suggestions for changes in the Older Americans Act are offered:

(a) Rural centers should be given greater technical assistance and training to develop grant funds and upgrade staff management skills.

(b) Maintain the roles and functions of SPOA's and AAA's and mandate senior centers a part of the Administration on Aging service delivery network. Senior centers, as a focal point for the local delivery of services, have existing organizational structures within the community to coordinate and pool resources.

(c) Titles III and VII should be administered in a coordinated manner so as to reduce the duplication of supportive and administrative services within the locales. Title VII should be designated as one of many social services within the OAA service delivery system, not as a separate system. Designation of multipurpose senior centers as the focal point for delivery of title III and VII services would reinforce the importance and role of senior centers in local communities.

(d) Title V defines multipurpose senior centers as "a community facility for the organization and provision of a broad spectrum of services . . ." This implies multipurpose senior centers are facility, rather than service, oriented. Technically, senior centers should be defined as services within a facility, rather than a facility having services. A senior center's purpose is that of providing services to senior adults. Facilities is one component of the service delivery system, as are finances, staff, programs, community relations, evaluation, and so forth. A senior center is a community organization/agency established for the provision of a broad range of services from a centrally located facility.

(e) Provide increased funding for title V for construction and renovation of multipurpose senior center areas and facilities. Rural senior centers are particularly prone to facilities that are inadequate and, in some cases, nonexisting for a senior adult program. New construction should be an allowable expenditure for rural senior centers who have no suitable alternatives to acquisition and renovation of an existing facility.

(f) Title V funding for operation expenses of a senior center—that is, personnel, rent, and maintenance—are needed on an ongoing basis to maintain the services within the newly renovated or constructed facility. Many senior centers which were developed under title III seed money have found themselves without operational funds, in part due to the competitive nature between title III and VII sites, dimin-

ishing or lack of local support for the senior center's existence, and the competition for scarce funds available to support a myriad of single and multiservice agencies and organizations. An equalization of title V funding support is needed to provide ongoing services within functional and safe senior center facilities.

Your consideration of these comments on multipurpose senior centers is appreciated.

Thank you.

Senator CHILES. Thank you, Mr. Halvorson.

Mrs. Hill.

STATEMENT OF ANN D. HILL, DIRECTOR, ST. MARTIN DE PORRES MULTISERVICE SENIOR CENTER, PROVIDENCE, R.I.

Mrs. HILL. The St. Martin de Porres Center, owned by the Catholic diocese of Providence, was incorporated in 1954. On January 29, 1970, the facility became known as the St. Martin de Porres Multipurpose Center. It was on this date that the diocese opened the facility as a senior center to serve the elderly of the west end community of Providence.

Although it was a generous offer, there were no funds in the charities budget for any supplies—paper, pens, et cetera. We went on a citywide campaign for S. & H. green stamps and any donations we could get. With the stamps, we acquired a coffeepot, some utensils, a desk lamp, three card tables, and many other very needed items.

The diocese provided us with a rent free facility, money for heat, utilities, maintenance, insurance, and a director. There was no secretary or staff for 2 years. We survived with volunteers and the seniors working very hard to get things moving.

In order to get needed programs initiated, we acquired services through our adult education program, Metropolitan Nursing Association, and many other established agencies, all of which are still very involved with our programs.

Our agency is surrounded by two large housing developments, one public and one private. One block away is an 88-unit elderly housing project, and within a mile radius are five housing units for the elderly.

Our paid staff consists of six people, two of which are CETA. All other help is from coordinating agencies and volunteers.

FIRST FUNDING WAS $18,000

Our first Federal funding was in 1973. It was $18,000 through title III. This afforded us the luxury of a secretary and funds for needed equipment and supplies. Our present budget through title III is $29,000. We hired a social worker to work with the elderly on individual and group basis.

Our charities budget is $35,000, up from $17,000 7 years ago.

Although the diocese is our sponsor, we work with and service the largest number of black elderly in the State, including all programs combined. Our center services 9 ethnic groups and there are 31 churches represented. The group is 97-percent Protestant.

I would love to share a brochure with you, but unfortunately we have not had the funds to have one printed.

It is with great honor that I speak to you this morning about some concerns that we have concerning senior centers and some of the problems we have in getting going and responses.

As this committee begins its deliberation on the Older Americans Act to determine where it is and what its future will be, we are pleased to be able to share some of our concerns, thoughts, ideas, and recommend some to you.

Senior centers are not new to the elderly; however, there is no doubt that, at birth of the Older Americans Act, elderly programs became more visible. The act provided that many programs and services could be delivered to the elderly. There is no doubt that without this support from our Government the future of many of our older citizens would be bleak and perhaps useless. Senior centers recognize this, and waged a real campaign when this Committee on Aging was to be buried into some other committee, never to be resurrected.

The problem is in the zest to get things going, implementation is usually left to people who have not the slightest notion about needs, problems, desires, or hopes of older people. Those of us who have been in the center field for 15 to 20 years find it very frustrating not to be a part of the planning and implementation process.

Title III is set up to provide operational costs for a center, but in some States it is used as seed money limited to 3 years. This regulation has played havoc in many areas where communities are unable to find resources to continue. It is ludicrous to assume that our urban cities, mostly populated with the most poverty stricken group, can pull together adequate resources to survive. It is of further concern that if a State or local administration is not sensitive to the older population, funds from community development or other Federal resources will not be forthcoming for operational costs. In one particular State, 18 centers will be closing because the time limitation has expired. We question what will happen to the elderly who have developed relationships and experienced a glimmer of hope.

Title VII came in as a meals program. The bureaucracy of this organization is unbelieveable. Administrators of title VII seem to feel that this is the answer to all problems of the aged. Our Bible teaches us that man cannot live by bread alone. Yet, title VII emphasizes a balanced meal with support services. The irony of this is that, by the very nature in which title VII is organized, these projects could never meet the needs of all older people. Yet, this is where the big money is—money to set up title VII meal sites, in some cases, directly across the street from senior centers. Through this action, centers and sites are in competition serving the same population—fragmenting and duplicating services.

Transportation Priority

To further augment our concern, transportation priority is given to meal sites—in fact, it is mandated in the Older Americans Act—while senior centers do not have full access to the transportation service. Transportation is a No. 1 priority to service delivery agencies if the elderly are truly to be served. What happens is that persons, not a part of center programs but who participate in meal sites, still call upon centers for other services. With this arrangement the number of elderly

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served is often an aggregate count so that we really are not serving the unduplicated number that may be reported.

Senior centers have to struggle to get a piece of the action. The attitude seems to be that, "You're there and functioning so we have to start something new." Senior centers are not new to the field of aging. There were two centers operating in Rhode Island since 1954. This would hold true across the country. Centers have been misrepresented and poorly defined. Surely there are drop-in centers where cards, bingo, and other social activities are the rule of the day.

This is not the center I refer to in this presentation. I am sure you are aware that it was the directors and staff of centers across this country who became very concerned with the quality of service being provided for the elderly and initiated the development of standards now being refined for the center practitioner.

We are concerned with accountability, responsibility, and nobility in the services we provide. We were not forced or coerced into doing this. We do feel that the moneys allocated through the Older Americans Act or any other source should get more than the dollar value in return. We firmly believe that the senior center has the greatest potential through which services can be provided in the most comprehensive and economical manner.

One of the greatest misnomers is that a senior center is a service provided by the Older Americans Act. A center is a facilitator with the ability to pull many resources together for a common purpose. The senior center is the only vehicle presently designed for reaching, serving and involving older people in the community and this makes them multipurpose.

Let's look at the facts. First of all, senior centers are located in the community and frequently become second homes to many older persons. Efforts are made to staff the center to meet the needs of the population served. These primary factors lend themselves for the focal pivot that evolves. With this in mind, let's look at the St. Martin de Porres Multipurpose Center, recognizing that we are not unique in the national spectrum.

Our center provides: Information and referral; health screenings; education lectures, benefits, SSI, et cetera; meals, 5 days a week; direct service; group services; humanities program; a special emphasis program, which is focused on the frail elderly and independent living; home health maintenance/friendly visiting; volunteers to nursing homes; transportation; leadership training; student placement; physical and occupational therapy; limited chore services; trips; serving on boards and planning committees; spiritual life series; advocacy.

Coordination With Other Agencies

Coordination with 27 other agencies, including Brown University, Rhode Island Association for the Blind, homemaker service, department of social and rehabilitation services, and various hospitals, counseling and protective services, handicapped services for the homebound, just to name a few.

Our center set up the first family council in a nursing home in Rhode Island; namely, Bannister House. This idea has spread through the State and is being handled by the ombudsman. In fact, it is being advocated in many States.

This in no way describes the extent of our involvement with older people and the community they live in. Our center has been a strong advocate for the physically handicapped of our State and is presently working with Brown University on a statewide rehab network program. Further, for the past 4 years, we have been invloved in a deinstitutionalizing program of bringing elderly from our State institutions or nursing homes and helping them recapture community living.

The projects, programs and services of a senior center goes on and on. In fact, as I speak to you today, a glaucoma clinic is being conducted at our center. Senior centers are becoming more multipurpose because older people are not one dimensional in their meals, interests, abilities, and desires—nor are they alike. Centers permit a wide range of activities and services which encourages members to maintain their ability to function in the community, prevents mental and social breakdown and provides enrichment to their lives.

We hope we have more clearly defined the role the multipurpose center has played and is still playing in the lives of older people. Based on our knowledge and ability we recommend and would appreciate the following be included in the Older Americans Act:

(1) That senior centers be designated in the act as the recognized focal delivery agency for older people.

(2) That title VII and title III be consolidated to eliminate another bureaucracy and to route funds directly to senior centers.

(3) Title V should be funded as a formula grant in order that the funding allocation could be distributed to the States on the basis of their 60 and over population. Then the title V funds would be distributed to the area/State agencies which would and could award the grants or contracts to approved applicants.

(4) We agree with the Federal Council on Aging that all nutrition funds allocated for the homebound or frail elderly should be added to the title VII allotments for each State. To do otherwise is to create another nutrition project unnecessarily.

(5) Although I have not discussed this concern with many coworkers on a national level, I have talked a good deal to people in Rhode Island and we feel what is overdue is that the physically handicapped be included in our center programs through title VII. Here are a group of people who sit home and idle away; yet these same people are receiving social security, disability, or SSI, as are the elderly but we cannot provide them a hot meal because it is not so mandated.

I am prepared to answer and respond to any questions.

Senator CHILES. Thank you. That concludes our prepared statements.

DIFFERENCE IN TESTIMONY

I wondered if there was any difference in the testimony of the two senior center representatives. Mr. Halvorson, I thought from your statement you were referring to the centers as a community facility as service oriented rather than a facility; and it sounded from Mrs. Hill's statement that she was saying that these are facilities. Is there a difference between them?

Mrs. HILL. I think I used the word "facilitators"; "conduits," perhaps, would be a better word, whereby services flow.

Senator CHILES. So you are both talking about services.

Mrs. HILL. Yes.

Mr. HALVORSON. Senior centers are both facilitators and the focal points for the service provision within the community. Mrs. Hill used the term "facilitator" and I used "focal point" to refer to the senior center role in a locale.

Senator CHILES. What is the reason that you would have a title VII meals program right across the street from the senior center with its own congregate meals program? Where is the failure in that? Is that the area agency's failure to coordinate, or is that the State agency's failure to coordinate?

Mrs. HILL. I really don't know what the reason is. I do know that in many areas of the country this is not happening. There are some areas in our country where it is happening.

One of the reasons I would suspect is that in some parts of our country there may be a power struggle between the senior center movement and the nutrition sites. In many areas of our country, the nutrition sites are assuming the role of a senior center so that there is this kind of power struggle that is going on. We feel that this is an unfortunate thing because it sort of overlaps services, creates problems, and certainly we feel is a waste of resources where this is happening.

Senator CHILES. Mr. Lipscomb, can you give us an example of how States are coordinating title V with other titles in the Older Americans Act? Are States encouraging the placement of the title VII nutrition site in senior centers, or is this type of placement or coordination just left up to local discretion?

Mr. LIPSCOMB. Senator Chiles, I am not familiar enough with other States to speak on behalf of all of them. I can respond with regard to the State of Florida, and I say to you that it is very definitely encouraging, and while we cannot mandate, we are coming close to that in terms of cooperative efforts on the local level between the funding sources serving seniors. In the last 6 months we have opened up two major senior centers in the Margate area of Fort Lauderdale and also in St. Petersburg.

One of those was funded with title V funds, and the other was a local initiative; the different kinds of programing going into both of those is multiple. We don't only have title III and title VII going in there, we have CETA programs, we have title IX programs, we have local programs and initiatives out of private service agencies, as well as health care providers.

PHYSICIANS DONATE TIME

We are very fortunate in the Margate area to note that the local physicians are donating time on a 1-day-a-week basis to go into the center to provide basic health care screening and referrals in the community because one of the things that I discover in talking with the seniors in the State of Florida is that health care is a major concern of theirs; in fact, they have three major concerns I think the senior center movement speaks to.

Crime and the elderly. I would urge the committee in its activities to be cognizant of the fact that in the past, by using existing facilities, we have sometimes located programs for the elderly in high crime areas, thereby subjecting seniors to the possibility of being victimized by crime. I noticed in some of the testimony this morning that people

are talking about curtailing evening activities at local centers; this may be attributed to the fact that seniors are afraid to go into neighborhoods after a certain hour. We need to be cognizant of the paramount problems the elderly are experiencing with crime and plan programs accordingly.

Another interesting point that I would like to interject from the perspective of Florida is that our State is visited by over 4 million tourists a year who are 60 years or older. Any senior citizen center program initiated in Florida needs to take into account this inordinate influx of aged persons during the tourist season; services which may be adequate during the off-season cannot meet the emerging needs of senior visitors. We are already noticing the overload placed on title III and title VII projects during the winter months. I would suggest that as the winters get more harsh all of the Sun Belt States are going to face this particular issue and will have to deal with it.

Senator CHILES. There is no provision now made in your funding that would allow you to take that into consideration?

Mr. LIPSCOMB. We have recently communicated with the Administration on Aging with regard to the tourist situation and hope that we will obtain some relief. There are no special provisions made now.

Senator CHILES. That would seem to be something that there would be some way of measuring. We should be able to determine the additional demand if we are going to be required to provide services.

Mr. REILLY. This is what I would call an emerging issue; it is new to us, it has been surfaced by the State of Florida very recently. As you know, Mr. Chairman, the title III and title VII funds are allotted to the States on the basis of a straight population formula. It is not clear at this point, even if we had hard figures, which we don't, in terms of this kind of flow, exactly how that could be fitted into a standard formula distribution. Obviously the State of Florida would be very interested in special provisions for this problem. If the other States thought that the special provision was coming out of their share of the formula they might not be so enthusiastic. It is something that we are going to look into but I doubt that we would be prepared, in relation to the administration bill, to have anything on that.

Senator CHILES. You don't know that there is any——

NO SPECIFIC REACTION

Mr. REILLY. There is no data; that is the first problem. But even if the data were here, this is so new that I don't know what the conclusion would be. I am not aware of any formula program that has this sort of special provision for the mobile populations. I think it clearly needs some study but at the moment we don't have any specific reaction to it.

Senator CHILES. Mr. Reilly, who actually approves the title V grant application, the State or the area agency on aging?

Mr. REILLY. It is the State agency. We make an award to the State agency on the basis of their application to us for its share of the title V moneys. Then the State agency makes an award directly to the senior center with the approval of the area agency. The fact that the statutory structure of title V is a project grant program, in the opinion

of HEW's General Counsel, prohibits that money from going on down from the States to the areas to actually make the awards. So it is run with the States making the awards, with the area agencies participating in the selection of the centers to receive the award.

Senator CHILES. Who is responsible for informing the potential applicants about the availability of title V funds?

Mr. REILLY. The State and area agencies jointly.

Senator CHILES. We have the outreach responsibility?

Mr. REILLY. That is correct.

Senator CHILES. It is my understanding that so far no application has been received for the mortgage insurance or interest loans allowed under title V.

Mr. REILLY. That is correct, Mr. Chairman.

Senator CHILES. Why do you think that is so and has the AoA made any attempts to disseminate information about this?

Mr. REILLY. Our opinion so far is that there is a question as to whether there is a demand. When the legislation was initially passed there was some publicity about the program as part of newspaper and periodical coverage. We have not been active in spreading information because, first of all, the Congress didn't make any specific appropriation for those sections and, second, we frankly don't have the staff or the expertise, in our opinion, to administer them at this point.

Senator CHILES. Who do you think should administer it?

Mr. REILLY. We have done some reconnoitering around the Government and the only two likely candidates we came up with were the Public Health Service within the Department, and the Department of Housing and Urban Development, because they are in the general mortgage support business.

Senator CHILES. Well, have you done anything toward the setting up of some coordination with HUD so they could administer it for you? What are you going to do if some appropriations come in?

Mr. REILLY. We had made an overture to the Public Health Service to determine their willingness to administer the program and their response was that they didn't have the staff resources to administer it, even though they have more familiarity with this kind of program than we do. They inferred the Administration on Aging would have to transfer staff to them to administer the program if it were indeed started up.

ALREADY SHORT OF STAFF

Our response was that we were already short of staff in that title III and title VII had had very significant expansions; title IV had grown significantly; title V, had started up; and the new 4(c) program had started up; all with no staff additions for AoA and we were not in the position to give away any positions to any other agency. At this point, that is pretty much where it stands.

Senator CHILES. It is my understanding that AoA allows the States to use up to 8 percent of their title V application for administration. Do you have a recommendation on what staffing should be supported for the centers and, if so, what percentage of the title V awards should be allowed for staffing?

Mr. REILLY. That is one of the things that is being looked at in terms of development of the administration bill. This whole range of issues about staffing, about limited construction for rural areas, the question of replacement equipment as opposed to the current limitation in the statute limiting it to original equipment—all of those issues are on the table within the department and are being looked at, but there is no administration position yet.

Senator CHILES. Maybe we will go to our panel on the institute of senior centers. Does the institute encourage its members to be comprehensive multipurpose senior centers and, if so, how and what happens to the centers who desire and/or need to be one or two service centers?

Mr. WOOLF. We would like to encourage centers to meet their own community needs, their own particular needs in their own locale. That may require a large multipurpose comprehensive service center or it may only require a smaller operation. We feel, however, that most of the services that are provided in large centers can also be done in small operations, even in storefronts sometimes, but essentially we like to have the senior centers reflect the needs of their own communities.

Senator CHILES. How many of the centers associated with the institute are actually one-stop service centers? Do you think many of them are aiming at that goal or are they satisfied with just handling——

Mr. WOOLF. Well, I think the thrust nationally is to work toward the one-stop service delivery center. I can't give you a figure on that, but I can tell you I think that most centers would like to be that if they are not already.

Senator CHILES. Have you ever conducted a survey of your elderly participants to determine just what they want from their center?

Mrs. HILL. I would like to respond to that because I feel that most centers do. I think that most centers work on a goal-and-objectives kind of management by objectives philosophy, and in order to do this we must assess the needs of our community, not only by way of the older population, but also with community resources that are available in the community and how accessible, and how the center is going to be able to put these needs or challenges into effect. I do not know of any multipurpose center that operates without having made a needs assessment of its population.

WHAT ARE THE NEEDS?

Senator CHILES. Well, what I am concerned about is we do that all the time in the Federal Government, but are you all deciding what the needs are or are you asking the seniors what they think the needs are? You know, we in the Government do those kinds of assessments all the time. We are determining what somebody needs, but a lot of times I want to have somebody ask me what my needs are.

Mrs. HILL. I can respond to that from my own center. We do put out a questionnaire on a yearly basis; in fact we put out three questionnaires on a yearly basis. These questions would ask their transportation needs, their home needs, their economics, finances, health needs, and any other thing relating to them. They can respond to this in writing to us or by answering a questionnaire.

We also use about 30 to 40 students from our local colleges who are in our centers—placement students—to ring doorbells and to get this information from people that we do not see. Along with that we do put out a questionnaire to agencies coordinating programs with the elderly to see what they are doing. If they are within our community boundary, so that we do not duplicate a service that is being provided, we look into or link up with them and then our agency becomes a coordinating agency to provide linkages to services and older people. Older people are consulted as to what they need. I fully agree that the day has passed when we should be the deciders of their needs.

Senator CHILES. Do you have anything Mr. Lipscomb?

Mr. LIPSCOMB. Senator, I am glad you asked that question. We are presently undertaking in the State of Florida, a needs assessment wherein we are asking the seniors themselves what they want in the way of human services. This is a mammoth undertaking. We have over 2 million people in the State who are 60 and above and, at present, about 5,000 to 10,000 a month are coming to Florida. So we have got quite a few seniors to talk to in order to determine their needs.

To assess these needs, we have been working with NRTA/AARP, which has about 800,000 members in the State of Florida. We use their mailing list because just trying to get in touch with the seniors is sometimes a problematic kind of thing. NRTA/AARP averages about an 85-percent return on questionnaires, so we are hopeful that we will get a good response, which will serve as a reasonably reliable indicator of need.

Senator CHILES. I am sure those two organizations will give you a good mailing list. I would hope you would be looking outside of their perimeters because they still would be covering a segment of Florida's older population, but by no means all of them. You would still have a lot of people that would be in the strata considerably below that.

Mr. LIPSCOMB. To try to cover that group we are asking the area agencies on aging to assess the needs of low income and minority groups which generally are not represented in the NRTA or the AARP membership. Area agencies on aging conduct local surveys which include a representative cross section of senior citizens.

WHO ARE MORE IN NEED OF SERVICE?

Senator CHILES. Would those particular groups be more desperately in need of services than the members of the AARP or NRTA?

Mr. LIPSCOMB. Yes, and they usually are the most reticent to come forward and state what their needs are.

Senator CHILES. And the last ones to know that there is any program out there to provide for them.

Mr. LIPSCOMB. Yes. Another thing that we are excited about is the "Over Easy" television series which Congress has seen fit to fund. We are working through public TV stations in the State of Florida and we are going to try to use the series as a method to collect information from the seniors to determine what their needs are.

Mr. HALVORSON. Senator, if I may add something to this, I think one of the things that we should stress through senior centers, and I see this wherever I travel, is the participant leadership structure; how

well are the older people being involved in the decisionmaking processes of their local programs. I think you will find as you travel that one of the important things that is happening is that older people who serve on the advisory committees and boards and policy bodies are working within their local programs to establish priorities for services, are helping to develop program goals and objectives for operation of centers, and assisting the administrators in the physical site management, the program management, and so forth. There is a continual input system through these types of leadership structures. I think it is really critical to emphasize that if a senior center lacks strong participant leadership involvement in their program, it is likely to be one of those centers that is less effective in its community.

Senator CHILES. That is a good answer.

How do you provide for outreach in a rural center? How are you getting the word out to the people?

Mr. HALVORSON. One of the things we did when we first began our program is, we applied for model project funding under title III and we completed a comprehensive door-to-door outreach survey of our service area, which is approximately 430 square miles. A lot of it is U.S. Forest Service land and sparsely populated, but the extent of the project was very large. I will try to forward a copy of the survey results to Mr. Oriol so that this committee can review them.

Senator CHILES. How long did that take you?

Mr. HALVORSON. The survey took us about 3 months to complete. The information that we collected from that survey was very helpful in setting service priorities for future planning as well as identifying immediate service needs. A final report on the outreach survey was prepared as part of the model project activities. We found that senior center staff have been very receptive to this survey as a model for their own outreach program. I think outreach services are really important—the one-to-one working relationship between outreach staff and seniors is crucial to a successful rural senior center program. Since that time, we have come up with CETA and green thumb funding to maintain an outreach service a minimum of 20 hours a week in our program so that we can continue to bring the services closer to community residents.

WHAT PERCENTAGE ARE BEING SERVICED NOW?

Senator CHILES. What percentage of the elderly people in your population area of 430 square miles would you say you are servicing now that have come into your center?

Mr. HALVORSON. In my earlier testimony, I reported that we hoped to serve approximately 600 people, which would be nearly 20 percent of our service population, and that is an active participation estimate. By active participation, I mean the seniors who utilize the services of the senior center as regular as once a week, as compared to the occasional or infrequent participation level of other seniors.

Senator CHILES. What percentage would you say have availed themselves of your service, in addition to that 20 percent who are actively coming in?

Mr. HALVORSON. At least one-third. In our outreach survey alone, we contacted one-third of the people over 55 in our area.

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Senator CHILES. Now that confused me just a little. You contacted over a third of the eligible senior population, yet you did a door-to-door survey.

Mr. HALVORSON. Yes, but the purposes of this survey was not that of a census population study. The purposes of this project were to: (1) Complete a survey of related literature about outreach programs and their relationships to the multipurpose senior center model; (2) develop administrative methods and procedures for implementation of an outreach project that would be applicable to other aging programs in our region; (3) seek, locate, and identify persons over 54 years of age within the Sandy Senior Center's service area—Sandy Union High School District No. 2; (4) investigate the problems, needs, and issues of persons over age 54 through a personal interview questionnaire which would assist Sandy Senior Center staff to plan, organize, and coordinate future center services; (5) disseminate information relative to Sandy Senior Center and other service agencies where applicable, to each head of household contacted—irrespective of age; (6) prepare a final report on the outreach project to include recommendations and conclusions. We relied upon the local people to help identify isolated seniors; for example, the garbage collectors, the mail deliverers, and the newspapermen were consulted to acquire information about people who would be eligible for our services so that we could make followup contacts after the survey was completed. In the time frame we had to complete the survey, coupled with the ensuing limitations of the project, we contacted one-third of the seniors in our service area, or approximately 1,000 senior adults out of a total of 3,000.

Senator CHILES. Mr. Clair.

Mr. CLAIR. Thank you, Senator Chiles.

I would like to allude to a question that you asked a short time ago. Who makes decisions on title V and title VII et cetera, at the community level?

I would like to point out that in Rhode Island there are no area agencies on aging per se. The title III funds flow directly from the State to the senior centers.

VIRGINIA AGENCIES SUBMIT PROPOSALS

I would like to also point out that in the State of Virginia the area agencies on aging send in their request to the State office where they are funded on a formula basis. The area agencies on aging submit proposals to the State office for title V funding. The State office reviews these proposals and authorizes the funding on a formula basis.

I would also like to allude to another question on section 506 and 507, which is the mortgage insurance. We have not really been invited to send any requests in as far as mortgage insurance is concerned. To my knowledge, the program has not been implemented as yet, and until such time as it is, I don't think that we should spend all the time on research, but doing the work that we need to do to put in requests for mortgage insurance as far as new centers are concerned.

I also would like to allude to the statement I made before that we do have, in addition to the senior centers that we support under title III and local match, that we participate in all other senior centers

in the area with programmatical information. We have four public hearings a year, not only in the city of Lynchburg, but also in the rural areas to allow input. This also helps us with our needs assessment as far as our State is concerned.

Thank you.

Senator CHILES. Thank you, sir. I would like to pose another question and then I am going to have to leave. I have to get to the floor. Mr. Oriol probably has a few more questions that he would like to ask, if you can all remain just a few minutes more.

I want to thank you very much for your attendance here. I think it has been a constructive session.

It seems to me that there is a general agreement as to the need for block grant to the States. I would like to know whether you all are in agreement as to how that block grant should be set up and who should be in charge.

With posing that question, I will leave this to Mr. Oriol. I would like to see what your answers will be for the record. I thank you very much for your testimony.

Mr. ORIOL [presiding]. Mr. Reilly, would you like to take that?

Mr. REILLY. The administration proposal is still being formulated, but it will likely propose that the senior center funding be handled like title III. That is, the funds would go to the State agency, it would award to the area agency as part of the area plan, and the area agency would make awards to individual senior centers based on the analysis of the needs within that planning and service area.

Mr. ORIOL. I would like to ask the institute representatives whether they feel that a block grant or formula grant may need very precise and specialized language to make sure that differing kinds of centers—naturally, I am thinking of the urban or rural split to begin with—but there may be other types that do require special kinds of attention. Do you want to give recommendations on that now, or do you want to mull it over and give us a supplement to your testimony? I know it is an intricate question.

Mr. HALVORSON. I would be more inclined to issue a supplemental statement to your committee than to answer at this point.

GENERAL OBSERVATIONS AT THIS POINT

Mr. ORIOL. Well, I can understand that, but are there any general observations that you would like to make at this point, any of you?

Mrs. LEANSE. Mr. Oriol, I would like to suggest that, while we are interested in seeing a formula block grant program to the States, we would urge that there be flexibility in terms of the allocation. We are concerned about the allocation arrangements now used in administering title V grants—distributing a State's moneys equally among its planning and service areas. While such an arrangement is fine for service delivery, I think we may have to consider a different one for funding facilities. On the other hand, title V is very complex and if we are going to add other sources of funding to that, we will need to look at that in a different way than just how we are currently related to facilities.

One of the problems with the current equitable distribution of the funds is that, unlike services which are needed on an ongoing basis, facilities required are usually handled on a one-shot situation. If a

local community is going to renovate a facility, it is going to do it all at one time or, if it does it on an incremental basis, it is going to be very costly. So it might be most effective if a State used a larger share of its funds in one planning and service area, for one community, in a given year, and then concentrated its funds in another planning and service area the next year.

Currently, if funds are just allocated equally among the area agencies, there is some concern about what is going to happen with regard to the spending of those funds. People will be looking for ways to spend the moneys without looking at what is the most efficient and the most needed way to spend the moneys. I recognize that Florida is currently considering some flexible measures and it will be interesting to see how that is going to be handled. I am not aware of other flexible measures that are being looked at with respect to other States at this time.

Mr. ORIOL. Before I ask the State units and the area agencies for their reaction to the same question, I would like to point out, as Senator Chiles said, my name is Bill Oriol. I am the staff director of the Senate Committee on Aging. With me here today is Tony Arroyos, a professional staff member representing the minority members of our committee. Jeff Gordon, an intern who has done a lot of work in connection with this hearing, is also with us.

I also would like to point out that throughout most of this hearing, Stephen Roling of the staff of Senator Eagleton's Subcommittee on Aging of the Committee on Human Resources, has been with us, and of course that subcommittee will have the responsibility for the legislative hearing on extension of the Older Americans Act. I am glad that we have this type of communication.

And Janice Zarro of the staff of the full Human Resources Committee is with us, too, representing Senator Williams and other members of that committee.

ACT REQUIRES CLOSE ATTENTION TO MANY ISSUES

So we are attempting to have as much communication as possible in advance of the legislative hearing because this extension of the Older Americans Act will require close attention to a multitude of issues. I am glad that we are doing this and that you all could be here on fairly short notice.

Before I go on, I would like to introduce Tony Arroyos of our minority staff. Tony, do you have any questions that you want to ask at this point?

Mr. ARROYOS. During this discussion one point that has come up is the question of standards. Should we continue to go along with the act and its relationship to the Federal building standards, or if that standard were waived, what method would we use to comply with alternative guidelines, such as State health codes, et cetera. Would anyone like to comment on that?

Mr. CLAIR. I think we are doing a lot at the present time on title V renovations. We are going by the State code, especially with safety requirements, and we are complying with section 504 on the larger doors and accessibility for handicapped people in washrooms, doors, and so on. This includes lower telephones and various other things that are required for handicapped persons. We are adhering to the State

code and the Federal regulations in renovation and restoration of buildings that we are working on at the present time.

Mr. ORIOL. I was about to ask the area agencies' response, Mr. Mastalish or Mr. Clair, on the general question Senator Chiles raised as to the formal refinements that a block grant on title V should take.

Mr. CLAIR. It is my impression, Mr. Oriol, that at the present time very few area agencies on aging are participating in any funding that is coming in on block grants. There are some roadblocks in the way. The way the block grants are set up at the present time the local jurisdictions are required to make the application and in many cases they are most reluctant to get involved in a block grant program for providing services to seniors.

I feel that if there is going to be a block grant arrangement it should be tied in with the State offices on aging and allow them, through information supplied by the area agencies on aging, to fund those programs that they pass on in the jurisdictions that they are involved in. I feel that most State offices on aging should be the ones that do this instead of going through all the local jurisdictions. I am not sure whether area agencies on aging would have to go through any other process on this or not, but this is something that would be determined at some later date. I feel certain that the State agencies would be willing to handle this situation.

Mr. ORIOL. Does Mr. Mastalish wish to respond?

Mr. MASTALISH. I think, as our statement here also indicates, that for a number of reasons it would be preferable to have the block grant going to the State agency and from the State agency through the area agencies in response to an area plan. It seems that we are working contrary to ourselves if we do not link this into the local area plans and have the States directly funding service providers. The fact that the money would flow in response to the needs identified in the area plan would enhance the coordination of the service system at the local level.

NASUA Position Support State Formula Grant

Mr. LIPSCOMB. Mr. Oriol, I believe that the NASUA position would support State formula grants which would assure flexible planning and equitable dispersion of funds. My colleague from N4A said that localities are reluctant sometimes to get involved in senior centers. We find—and I am speaking from the Florida standpoint rather than a national one—that this hesitancy is becoming increasingly so in the State of Florida. We have many counties whose aging population approaches 50 percent, 60 percent, or more, of the total population. The long-term commitment as far as operation of centers is concerned is holding some people back from applying for money; they simply cannot see down the road to determine where the funds are going to come from at the local level to operate these centers once they are built—not only built, but revised or renovated, or whatever. So again I would emphasize our testimony with regard to part B in terms of providing funds to operate these centers once they are put in place. It is a situation that is getting critical in some areas.

Mr. ORIOL. I see Mrs. Hill nodding her head, and I don't know whether it means agreement or not.

Mrs. HILL. I am agreeing with it. I think this is true of many of us in the center field, that we are concerned from year to year, and it becomes very frustrating where funds are going to come from, yet there are added responsibilities, strains, and demands that are placed upon our facilities and the resources seem to be getting smaller. Each year we literally panic as to how we are going to survive. It is difficult now with the number of agencies that we have in place, and yet we all recognize the need of many communities of not having any kind of facility at all, and we feel that this has to be looked at and has to be addressed. The concern of future funding would be very prevalent with all of us.

Mr. ORIOL. Mr. Arroyos has a question.

Mr. ARROYOS. We understand that AoA allows the States to use up to 8 percent for administration. Does AoA have a recommendation on whether senior center staffing should be supported with Federal funds and, if so, what percentage of title V grants should be allowed for staffing?

Mr. REILLY. Well, that is something that we are working on at the present time relative to the administration bill. We don't have a position as yet because we are trying to relate all of these questions that arise around title V in terms of what is the best way to treat the total flow of funds for services and for senior centers. That will be addressed when the administration bill comes up, but we don't have a clear position on it yet.

Mr. ORIOL. Are there any other initiatives or tentative plans within HEW or AoA as applying to centers?

Mr. REILLY. I would say that a couple of points that were mentioned in my testimony constitute an initiative. We are publishing soon technical assistance materials that focus on multipurpose senior centers as focal points for service delivery. We will be asking State and area agencies to come to agreement in terms of identifying centers that are interested in serving a broader spectrum of older persons, particularly the impaired elderly, that can be helped to move in this direction by any combination that is appropriate of titles III, V, and VII moneys plus any other moneys from any other sources, such as title XX or United Way.

ASK STATE AND AREA AGENCIES FOR SUPPORT

We will be asking the State and area agencies to move in this area in terms of supporting already existing multipurpose centers, bringing other centers which are not yet multipurpose into that mode, and working to bring real unity between the center movement which exists across the country and the wide range of other service providers who are serving the elderly. So, in the directions that we will be moving and providing some leadership to State and area agencies, the senior centers are very important.

Mr. ORIOL. A quick question based on the regulations of title V. It says under "Monitoring activities": "Agencies or organizations which receive funds are to carry out, in keeping with provision of."

How is this to be done and how well is it done considering the fact that funds come from Federal sources as well as State, regional, and private sources?

Mr. REILLY. You are reading the title V regulations?

Mr. ORIOL. That is right.

Mr. REILLY. It relates strictly to funding that is flowing under title V of the Older Americans Act. What we have written in there is the same kind of responsibility that the State agency has in terms of assuring that title III money and title VII money is being used properly and effectively.

Mr. ORIOL. You have to keep a set of a dozen books to get the different requirements, or just say a different set of books for each program under the Older Americans Act.

Mr. REILLY. We have not laid down any national set of rules for this. All we have done is what we said there, that every grantee—that means the State agencies—is responsible for assuring that the money that is awarded to the senior centers is used for the purpose for which it is awarded. We leave it to them in terms of what approach they will use. Our assumption is that the minimum amount of duplicate bookkeeping would be the approach that the States would use. We have not specifically looked at what every State is doing in that regard. I would hope that in the extension of the Older Americans Act one of the things that would be looked at is simplifying the relationships between titles III, V, and VII so that duplicate bookkeeping and separate systems could be eliminated.

Mr. ORIOL. Is the institute having that problem now—or institute members?

Mr. HALVORSON. I personally would recommend that the language of the Older Americans Act reflect some coordination between those programs so that the line people such as ourselves in senior centers do not have to report the information and referral, outreach, and transportation figures for title III and title VII under separate report forms. As it now stands, it is very difficult to know whether you have a reliable duplicated and unduplicated report form when you get done.

Mr. ORIOL. Let the record show that there is a great nodding of heads.

Mrs. HILL. It is true. You come to the same person three times.

NEED TO COORDINATE TWO ISSUES

Mr. HALVORSON. I have only addressed the issue of supportive services. The issues involved in the administration of titles III, V, and VII programs will probably come in under written testimony at a later date. I definitely feel there is a great need to coordinate the two—administration and supportive services.

Mr. ORIOL. Mr. Lipscomb.

Let me interrupt. We did get a unanimous consent to continue, as you probably guessed, but we have to close down pretty soon.

Mr. LIPSCOMB. I was just going to back up what Mrs. Hill said a few minutes ago and make a footnote to the statement I made earlier about the funding at the local level. With the Damocles sword of the 3-year funding limitation hanging over the centers, as well as the States and the area agencies, this makes it very difficult. In terms of injecting a

note of realism into my testimony before this group this morning. I would suggest to you that while title XX funding is bandied about as a possibility for funding centers, in reality it does not exist, at least in our State, and I am sure in many others. So if we are going to talk about title XX funding for senior centers, then somebody needs to be talking about increasing title XX funding to the States, because in our State we simply can't get it.

Mr. ORIOL. When you say title XX funding for centers, you don't mean for renovation or alteration.

Mr. LIPSCOMB. Operation.

Mr. ORIOL. Operation within the center.

Mr. LIPSCOMB. Yes.

Mr. ORIOL. That reminds me. The Community Services Administration—I don't think it is represented here today, but we have been in touch because they are aware of these hearings and will probably be submitting a presentation.

Mr. REILLY. I will just make one more comment going back for a moment to the comment that was made here about reporting, information and referral activities under title VII and under title III. That is the kind of thing I meant in terms of the need for some cleanup of the Older Americans Act. Title VII, of course, was enacted before the revised title III. Therefore, it has provision under title VII for services that can be funded under title III. When they are funded under title VII, that results in two sets of reporting. I think that is the kind of thing that needs very close attention and straightening out.

Mr. ORIOL. Does that have to be done legislatively or can it be done in other ways?

Mr. REILLY. We are looking at it in terms of what requirements are legislative and what are administrative. The general counsel is currently combing over the Older Americans Act in terms of those kinds of questions and is giving us opinion, piece by piece, what would be legislatively required and what could be handled administratively.

Mr. ORIOL. Mr. Clair.

NO DIFFICULTY WITH REPORTING SYSTEM AT PRESENT

Mr. CLAIR. In reference to recordkeeping that you mentioned before, this is no problem as far as we are concerned. For instance, in Virginia, our nutrition program makes their report each month to the State. We have a title III report, a title V report, and a title VII report. However, all this is one set of bookkeeping, and it is in one set of, maybe, five pages that goes to the State office every 30 days. It is a comprehensive report that works out beautifully, and it is in compliance with State and Federal regulations. We find no difficulty with our reporting system at the present time.

Mr. ORIOL. I see Mr. Quirk taking a note.

Mr. QUIRK. I think once again the States are showing the way here. What Virginia is doing—we need to circulate that across the country, so that other States can follow Virginia's lead.

Mr. ORIOL. Tony, do you have any questions?

Mr. ARROYOS. No.

Mr. ORIOL. Mr. Rust?

Mr. RUST. No.

Mr. ORIOL. I have just one final question. Commissioner Reilly used the term "developing of the criteria." The national institute has enacted a program to develop standards, and perhaps I will have just a little discussion of the difference between the two, and where we are at in both.

Mr. REILLY. We are talking about two slightly different things. AoA is working very closely with NCOA. We are funding the development of their standards. The standards are related to all of the operational aspects of a senior center and how it would work with suggestions for board structure, and participation of older persons, qualifications of staff, and right through in quite considerable detail about how you put a good multipurpose senior center together and operate it.

What I was referring to as criteria are, in effect, exortations to the State and area agencies in terms of how to bring senior centers that are not currently working closely with the State and area agency network in'o closer relationship as part of this evolving local service delivery system. So in my view the two things are totally congruent and not overlapping.

Mr. ORIOL. Then I will concentrate on standards for a few minutes. Once the standards are arrived at—they are not yet, are they? Are they agreed, or what happens to a center that may not meet those standards? What is the function of the standards?

Mr. WOOLF. The standards are designed to provide guidelines for senior centers for good operation and for what a good multipurpose center should be. We look at it essentially as an educational tool, a way in which a center can sit down and do a self-assessment and see what needs to be done to bring it to a higher level in terms of quality of operation.

Eventually, sometime down the road, we may begin to think in terms of "accreditation" of senior centers, those centers that adhere to the standards. That is down the road a piece and there is a good deal of discussion within the field itself on whether or not we ought to do that. Basically, the standards serve as an educational tool, as a device for a center to look at its own operation, and to see where it can improve and how it can serve people better and more appropriately.

WHAT DOES ACCREDITATION ENTAIL?

Mr. ORIOL. In your thinking about accreditation, even in your preliminary thinking, what does that entail? Does accreditation mean that a center—let's put it this way—without accreditation, is the center not able to participate in certain functions?

Mr. WOOLF. I don't think we can respond to those specific questions at this point because it is so preliminary. When we have more of our own thinking on it, we will be very happy to share it with you and to also invite your own questions and direction on the matter.

Mr. REILLY. I will comment on that since we are funding the development of the standards. What we have in mind is something comparable to what we did a couple of years ago in the information and referral area where we published what we called desirable standards for information referral activities. In effect, these were targets that should be looked to and worked toward by all information and referral agencies, but we didn't make them a funding criterion. Simi-

larly, we don't have any intention at this point of, say, taking the NCOA standards and making them a funding criterion for senior centers.

We think that the center movement at this point includes centers of widely different stages of development. We also think that there is a need for the development of centers in a lot of places where they do not currently exist, and that means that undoubtedly many of them that would be starting up would be starting at a relatively low point on the development curve. The point of the standards is that all of us in each of the organizations that are represented at the table here is concerned with getting the best possible services for older people; and one way to do that is to get general agreement on what the best techniques and the best qualifications for those working in the field would be and then try and move everybody toward those targets.

Mrs. LEANSE. I just would like to add to the statements already made and suggest that one of the major purposes of the standards and the self-assessment tool which we developed to accompany the standards an agency self-study opportunity, is to help the local senior center identify where its training and technical assistance needs are. Then we would look to area agencies to be able to assist the local agency to respond to those training needs. We are working also with AoA funds to develop a training package to begin to address the kinds of training needs that we feel are going to arise or become clear as a result of using the assessment tool, on the basis of the testing that we have done so far.

Mr. ORIOL. Mr. Arroyos has been a director of senior centers and I have a question for him.

I was fascinated by the thought that the area agency on aging might be asked to provide the training for center personnel and that would seem to be an interesting bridge, and it really is, based on mutual understanding.

Mr. ARROYOS. I think the more they are able to work together, the more comfortable it is going to be for everyone.

Mr. ORIOL. Mrs. Hill.

STATE AGENCY PROVIDES TRAINING IN SEVERAL AREAS

Mrs. HILL. I just want to say that our State agency presently does provide training in several areas for senior center staff, as well as outreach workers from other projects, but I wanted to comment on the standards and the assessment tool. For many, many years we have been greatly concerned with children, and there are standards and accreditations in child welfare services in many other areas. We in the center certainly feel that the older population needs and deserves the same kind of consideration.

The other area which I might point to is that with a proper and good management with center staff knowledgeable on how to coordinate and pull together various services within a community, it certainly saves the Federal Government a lot of money by having senior center staff knowing how to operate a good center. What I am saying is that the more knowledgeable our center directors are, the better the serv-

ices are, the less money comes from the taxpayer, and this should make everybody happy.

Mr. REILLY. This training potential is fundable through the title IV–A training funds that we make available to the State agencies each year. There is a training plan developed by State agencies in terms of both where the needs and priorities for training that year are. So training of center staff is something that can be phased right into the development of those State training plans.

Mr. ORIOL. Mr. Lipscomb.

Mr. LIPSCOMB. Mr. Oriol, I would like to comment on these things, and especially one of the issues that Mr. Reilly just raised. We in Florida would like to see more title IV–A funds that are available to come to the States to fund senior centers rather than retaining them at the national level. This is because we get increasing responsibilities in terms of administering different titles, but not a commensurate increase in some areas.

The other thing I would like to say, since Mrs. Hill raised the point, is that in the children's field we have all had an opportunity to see our sister agencies that deal with child day care licensing and regulation go through the agonies of the Federal day care standards. I would urge us to go slow in terms of requiring certain standards for certification and funding unless we are going to do it in the front end. Too often, many centers open up and start serving large numbers of people only to be closed due to a lack of funding because they could not qualify for it through some quirk in regulations, and then those people don't have any services available to them at all.

So I am saying if there is any indication on the part of AoA that standards are going to be changed for funding, this should be done at the front end and not several years into the process, where it is a great hardship on everybody concerned, unless they are willing to put in the funds to bring these centers up to these standards.

Mr. HALVORSON. I would like to add, if I could, that I think that it is important that senior centers be given a greater opportunity locally to participate more in the development of the area agency on aging plans. I think this gets back to communication again, as far as whose role is what, and what involvement each person should have in the planning, pooling, coordinating, and delivery of services within the community.

BIGGEST PROBLEM IS GROWTH

One of the things I think that title IV–A could do especially for senior centers, because one of the biggest problems the senior centers have is growth—they usually start out small and, before you know it, within 1, 2, or 3 years you have overgrown your facility; you have outstripped your staff; you have no resources to manage the programs you have. You either cut back—people are cut and, in the process, you generate new resources and usually the case is that you are not able to generate enough resources to continue providing the output. I think it is important that we do keep in mind that senior centers are going to grow and the staffs are going to need training, not only at the local level, but from AAA and from State programs if they are to work as part of the service delivery network.

Mr. ORIOL. We will have to close now because we are going over. We have not gotten into how transportation, for example, is to link up with centers, especially in rural areas. We have not talked about outreach; we have not really gotten deeply into that. In other words, there is much more we could discuss, but I think even in the discussion we were able to have today we have been shown, I think, a lot of agreement on certain points, and clearly some areas where much more thinking is needed on what is necessary.

Every organization represented here and the Administration on Aging were represented at the planning for this hearing and I would like to thank them for all they have done since to make this a very good hearing.

On behalf of the Senator, thank you very much.

[Whereupon, at 12:25 p.m., the hearing adjourned.]

APPENDIXES

Appendix 1

BACKGROUND INFORMATION ON SENIOR CENTERS[1]

FOREWORD

The information in this report is intended to provide an overview of the nature and potential of senior centers. It is based on data from a 1974 study conducted by the National Institute of Senior Centers (NISC) under a grant from the Administration on Aging, and on information from subsequent work by NISC and others. A more complete report of the findings from the 1974 study is available in the NISC publication entitled "Senior Centers: Report of Senior Group Programs in America."

DEFINITION

A senior center is a community focal point—for older people and for agencies serving them. It provides a setting in which older people can take part in meaningful social activities as well as have access to essential services in one distinct location. A broad spectrum of activities and individual services is available at or through centers, to those who come to the center and to the homebound. These services include: nutrition, health, employment, transportation, social work and other supportive services; education, creative arts, recreation, and leadership and volunteer opportunities. These activities and services are provided through a center's paid and volunteer staff, through agencies which use the center as a base to provide their services, through service linkages and referrals to other agencies and through outreach to older community residents unable to attend the center. Senior centers also serve as a community resource for information on aging, for training professional and lay leadership and for developing new approaches to aging programs.

The following are typical examples of what this means in terms of centers in New York State and across the Nation.[2]

Item: According to national research, only 2½ percent of seniors have annual checkups.

Senior centers, wherever possible, arrange with nearby hospitals to offer multiple health screening, counseling and referral for needed medical attention. Many hold annual health fairs to which the public is invited.

Several have found doctors and dentists willing to serve the center on a volunteer basis. Others have sought out deteriorated elderly in dire need of medical care through painstaking outreach funded by time-limited grants. One utilizes a medical school to provide a series of health lectures and individual counseling.

Item: Even where available, buses or subways cannot be used by the disabled.

Groups of centers have acquired minibuses for a transport service to medical, legal, and social agencies. The first such cooperative project after several years of impressive service became a victim of the fiscal crisis. Although vehicles can be acquired, there is no source of operating expense.

Item: The mentally frail are unlikely to visit the few available psychiatric clinics.

Under a variety of cooperative arrangements with mental health agencies, such services are brought into centers. Conversely, centers marshal whatever services

[1] Submitted by Joyce Leanse, director, National Institute of Senior Centers, National Council on the Aging, Inc. Washington, D.C. Also see statement of Leon M. Woolf, p. 14.
[2] Senior Centers Association of New York.

are needed to facilitate a hospital discharge for a homeless geriatric patient.

Three centers near a State hospital are heavily involved not only with the hospital but with foster home operators who provide shelter but little else for hospital dischargees. One private psychiatric hospital uses a nearby center to test the readiness of selected patients for discharge. A specialized agency working with the mentally impaired elderly regularly refers its clients to six cooperating senior centers.

Item: Innumerable nursing home studies reveal that a high percentage of elderly patients do not physically require such care. Moreover, most older persons dread the prospect of institutionalization.

. . . With some misgiving, a center accepted a 67-year-old woman who was diagnosed as paranoid/schizophrenic. On her first visit she commented on seeing a piano that she had always wanted to learn to play. A volunteer was found to teach her, and she acquired enough skill to perform at center parties. The recognition she received from other members was "better therapy than we were able to provide" in the opinion of the psychiatric agency which referred her. She participates in other center activities and feels an integral part of the group.

. . . A center was consulted by children who felt that their mother's intense mourning for 6 years following her husband's death was leading to suicidal ideas. The mother had no outside contacts and recently refused to dress and leave the house. They questioned if she was eating properly and wondered about a nursing home. The center suggested that a member who came through widowhood with difficulty would be willing to telephone and visit the mother, gradually persuading her to come to the center. Over a period of time, the mother became a regular center participant, with dramatic mental and physical improvement.

. . . A 60-year-old arthritic woman is somewhat disoriented and short of breath, attends a center with escort service. She feared living alone, and required intensive counseling to achieve better relations with her landlord and neighbors whom she had antagonized. Although antisocial and complaining, she attends the center regularly, but requires constant help with problems of daily living—door repair, new cane, marketing assistance, budgeting. In the absence of relatives or friends, the center performs these functions.

The concept of a community center for older people began in this country nearly 35 years ago. Since that time over 5,000 senior centers have been established across the Nation to serve a variety of needs in a variety of communities. The NCOA/Harris survey estimated that nearly 5 million older people attend senior centers or receive services from them. An estimated 7 million more indicated interest in attending if one were available. As might be expected of community initiated programs, centers reflect the resources the community can draw together. As a result, centers range in size from organizations with small budgets to extensive centers with budgets over a million dollars.

The Older Americans Act, through titles III and VII for services, and more recently title V for facilities, has and will continue to be an important resource for centers, for the communities in which they are located, and for people who attend or receive services through centers.

The nature and role of senior centers is reflected in title V of the Older Americans Act. It defines senior centers as:

"A community facility for the organization and provision of a broad spectrum of services (including provision of health, social and educational services and provision of facilities for recreational activities) for older persons" and as a "focal point in communities for the development and delivery of social services and nutritional services designed primarily for older persons . . ."

Development of Early Centers

In 1943, the William Hodson Community Center was established in a working class neighborhood in New York City. It grew out of the belief of social service professionals that a community center was needed for older people as a place to socialize.

At first it was unclear what the function of the center should be. It soon became apparent that the center would have to be more than just a meeting place. The older people had needs that were not being met in other settings. Responding to this situation, the center began to offer services that helped participants maintain themselves in the community.

The next centers established were in San Francisco and Menlo Park, Calif. Though each served a different type of community, both came to play an important role in the daily lives of the older people whom they served. The San Francisco Senior Center opened in 1947 as a result of the efforts of many community organizations. Though focused more on recreation and education than the Hodson Center, its programs were similarly supervised by professional staff, some detailed from various city agencies. Little House was designed to meet the needs of the middle class elderly in Menlo Park. This center was also sponsored by community agencies. Its distinctive feature was that most of its program was designed and directed by the elderly themselves. Among the center services was a referral agency that furnished the members with the locations of whom to contact when problems arose.

Thus, early in the development of senior centers their programs went beyond the focus of socialization to address the older adult's multiple needs. These early examples of centers also indicate that the program of each senior center was responsive to the needs of the community it served. The first senior center in Philadelphia stated:

"One of the tenets of the center is that our program will evolve from the needs of those we serve, and that the membership shall have a voice in what we do."

As the value of these early centers became known, others were established across the country. Following is an example of a modern multipurpose senior center. See appendix, page 46, for further examples.

Multiservice Center, Inc., Wheeling, W. Va.

A former hospital is the site of a multiservice center serving the elderly of Wheeling and five counties in the upper Ohio Valley of West Virginia. In 1973, when Wheeling Hospital announced that it would move most of its services to a new facility, a study commission (including representatives of United Way, the area agency on aging, and the hospital), was formed to examine the needs of seniors in the area and the most appropriate role for the hospital.

Commission members proposed that the hospital be used as a social services delivery facility. The city responded by appropriating $75,000 of community development funds for initial staffing and some renovation of the building. Wheeling Hospital still owns the facility and uses two-thirds of the six-story building for extended care/nursing home patients. The remaining space is leased to the multipurpose center, one-half of which is used as the senior center.

Residents of the extended care facility participate in all center activities, and for those who are not ambulatory, senior aides (title IX of the Older Americans Act), bring the center's programs to patients.

The Wheeling Senior Center, an umbrella agency for several satellite centers in the area, offers a comprehensive program of nutrition, recreation, health screening, outreach, transportation, employment and social services. It receives $20,000 of city revenue sharing monies, Ohio County revenue sharing funds, and administers programs supported through titles III, VII, and IX of the Older Americans Act and title XX of the Social Security Act amendments. Matching funds are provided by the West Virginia State Commission on Aging.

At the multiservice center, a central unit provides intake for several social service agencies in the area offering information and referral services. Many agencies, including the Visiting Nurses Association, the Cancer Association, the homemaker/health aid program, and the Social Security Administration, lease space in the multiservice center. This enables seniors to receive a multitude of services in a single location, preserves the original use of the building as a hospital, provides an intermediate sheltered care program for nonambulatory patients, and promotes intermingling between people of all age groups.

Survey of Findings of the 1974 NISC Study

Although it is generally accepted that a senior center should provide one-stop access to essential services, there is considerable variation in the field. As a state of the art study, the NISC project had as its major purpose the collection of baseline data; clubs as well as senior centers were included in recognition of the number of centers that began as clubs and also the number of clubs that provide a full range of services. Of the 4,870 programs listed in the directory, 52 percent

were self-identified as centers (multipurpose and senior centers), 47 percent were clubs (independent and those within larger organizations such as clubs that are part of recreation department programs or in Jewish community centers).

Auspices

About half of the senior group programs responding to the directory survey were voluntary, nonprofit organizations. The large majority of the others were public/government agencies plus a very few private, for profit organizations. Senior centers, including multipurpose senior centers, more often identified themselves as public/government agencies reflecting the extent to which they tended to be sponsored by local public agencies, especially recreation departments.

Location

The majority of all the senior programs reporting were located in cities. Though rural areas often have high proportions of older persons, they have many fewer programs to meet their needs. Where rural programs were organized they tended to be a senior center rather than a club. The NCOA/Harris data revealed that rural persons were among the groups that found senior centers least accessible. Of those persons over 55 in the NCOA/Harris sample who were not currently attending a center, but who would like to, 49 percent of the rural residents gave "no facility" as the reason they were not senior center participants. It would seem to be appropriate for each planning and service area in the United States to have at least one multipurpose senior center, where activities and services could be organized to meet the varied needs and interests of older persons in that region.

Organization

The extent to which centers are developing neighborhood services is reflected in the finding that over half of the reporting centers were multisite organizations, the average number of sites being nine.

Health Services

Almost since their inception, senior centers have provided social services and casework services, as well as recreational and educational opportunities. While they have customarily helped older people take advantage of the health resources in the community through referrals, there now appears to be a growing trend for centers to be health service providers as well. Research into the specific health services offered and the responsiveness of Center participants to these services is worth further exploration.

Clinics, physical examinations, screening and immunization programs in senior centers not only make these needed services more accessible to older persons but also provide them in a nonthreatening atmosphere where older persons may be more likely to accept them. Such treatment could be of benefit to the large proportion of older persons who are known not to see a doctor regularly or even to those who have never had a physical examination. This would be equally true for those with emotional disabilities. While informal relationships have been established between some senior centers and community mental health facilities, these links need to be encouraged. Relationships with health maintenance organizations should also be considered. Since the services provided in and through senior centers can have an impact on the health of older persons, the availability of medicare funds for the support of these services within senior centers should be explored.

The most telling statistic of all is that 800 centers (or 45 percent of those meeting the multipurpose criterion), provide health services in addition to the three basic services and the volunteer opportunities. Recently there was a statement in the Congressional Record noting quite erroneously that senior centers provide no health services. Not only is health the most frequently offered service in over a thousand information, referral, and counseling programs, but 589 centers offered screening services, 411 offered immunization services 368 had a nurse part time, 126 has a nurse full time, and 13 even had a part-time physician. Our data would indicate that health services as a component of senior centers are grossly underestimated and greatly undervalued.

Sources of Support

The average budget reported for 1968 by Anderson was $27,000; we found the average budget in 1973 was only $36,211. In 1974, however, it had increased to $49,754. Some of this increase in 1974 undoubtedly related to the title VII programs that were being initiated at senior centers during the time the data was being gathered. Twenty percent of the centers reported title VII support. It is reasonable to expect that by now even more centers administer title VII programs. Forty-one percent of the reporting centers were supported to some extent by title III; others reported financial support from OEO, ACTION and DOL. Among responding senior centers, 47 percent indicated their funding was solely from public sources, 18 percent indicated their funding came entirely from private sources, and 34 percent received funds from both public and private sources.

Based on average monthly attendance figures and the reported budgets, the average annual cost per participant for centers was $89. When we consider the range of services available to participants, communities are receiving an excellent value for their dollar.

Facilities

Centers were found to be most often housed in renovated facilities; only 20 percent are in new buildings; and 37 percent reported using old buildings never altered to suit the program. Three out of four senior center administrators reported that the size of their facility limited the kind and number of programs offered, and 26 percent of these considered the limitations great or extensive.

Joe Jordan, the architect who did the evaluation study, cited lack of money for construction as the most important constraint affecting the functioning of facilities. His evaluation showed that the facilities or the furnishings of even the best senior centers in the country are in some ways less than adequate and in some instances totally inadequate.

Staffing

Centers typically have small staffs, usually only one full-time paid staff member, even in multipurpose senior centers. Only 21 percent of even these more complex units have more than three full-time staff. Senior centers were found to supplement their meager staff and expand their program capability by using volunteers, students and staff from other community agencies.

Participants

Based on the NCOA/Harris sample, the typical center user was over 65, had a very low to moderate income, was likely not to have completed high school, was white (though slightly higher proportion of older blacks attend centers) and there was a tendency for those attending to live in a rural area or in the central city. However, contrary to common perception, today's centers serve the poor and the not-so-poor, persons with less than eighth grade educations and those with graduate degrees, retired blue-collar workers as well as older professionals, and persons of various ethnic and racial backgrounds.

Participants were most often between the ages of 65–74, and another one-quarter were in the 75–84 age range. Nationally, 82 percent of the participants were white, 10 percent were black, 2 percent Oriental and 4 percent Spanish-American. As expected, about 75 percent of the participants were women. On the average, participants from blue-collar backgrounds made up 48 percent of the center's membership, white-collar/clerical workers added 15 percent, and managerial or professional groups accounted for another 14 percent. Center administrators estimated that about one-third of the older persons attending their programs were poor enough that they would have difficulty paying fees should they be required.

The findings showed that senior center participants were involved in the operation of their centers, including governance, assisting with center activities and outreach. These roles provide older persons with opportunities for achievement and recognition, opportunities all too few for individuals no longer working or actively involved in family roles.

Perception of Senior Centers as Focal Points

The study showed variation among communities in their support of centers and in their understanding of the place occupied by senior centers in a community service delivery program. Lack of knowledge and understanding of the potential of senior centers for coordinated, comprehensive service delivery to older persons has implications for a community's planning and utilization of its resources. For example, some communities have established title VII nutrition sites within a few blocks of an existing senior center. Recognizing that local decisions are based on many different factors, it appears that local decisionmakers sometimes overlook more appropriate options due to an inadequate understanding of the scope and function of multipurpose senior centers.

Planning bodies, in an effort to use limited resources efficiently and effectively for older persons, need to identify and link existing services responsive to the elderly. They also need to be aware of methods other communities have successfully adopted to meet the needs of older persons. Area agencies on aging, local councils on aging and boards of voluntary agencies in many communities have not fully exploited the role of senior centers as a place where persons needing or wanting services or activities find them available without any stigma attached. They also have not recognized the potential of senior centers and clubs to expand their function and to become multiservice facilities and multipurpose senior centers.

Much of the data gathered, and many of the relationships identified, need to be further examined and analyzed. NISC anticipates the future studies that will develop and expand knowledge of and about senior centers and how they can best serve older persons in America.

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APPENDIX.—INFORMATION ON SELECTED SENIOR CENTERS

Cincinnati Area Senior Services, Cincinnati, Ohio

The following is a description of Cincinnati Area Senior Services, its origin and present operation.

The program began in 1966 as a research demonstration of the YWCA under a grant from the Administration on Aging, Department of Health, Education and Welfare. Its objectives were to:

(1) Seek out and identify a hidden population of older individuals who were not in contact with community services.

(2) Evolve methods of providing needed services either directly or through referrals.

(3) Maintain multiservice centers.

(4) Demonstrate gaps in community resources.

Two centers were established. One was and is located in Northside at McKie Recreation Center. The other started in the Santa Maria Neighborhood House, 21

West 13th Street, moved to 1428 Vine Street in November 1969, and into a new facility in the Pilot Center Complex at 1720 Race Street in June 1974.

Services offered included recreational and educational programs, drop-in activities, information and referral, social and health counselling, employment opportunities, meals, transportation, escort services and friendly visiting. The staff then consisted of director, social worker, two center supervisors, two center aides, and a secretary.

In 1968, Senior Services was designated the administrative operating agency for the Hub Services, Inc. Food and nutrition program for the elderly, funded for 3 years as a title IV research and demonstration by the Administration of Aging. This demonstration had for its objectives to:

(1) Test the effectiveness of a group meals program as an outreach tool.

(2) Improve the nutritional aspects of elderly living.

(3) Demonstrate costs involved in operating group meals programs in low income areas in the community.

Hot noon meals were served in the two above named centers, plus Gateway Community Center and Stanley Rowe Towers in the west end. Home delivered meals, already operating on a volunteer basis, were also available to these areas. Meals were cooked and packed in the kitchen at old St. Mary's Church on 13th Street in Over-the-Rhine. Volunteers delivered the food, a dietitian and kitchen staff were added to the program. In 1971, the State office on aging continued the food program funding under title III so that it might serve as a prototype for the developing title VII senior nutrition program.

The previous year the Methodist Home in College Hill had begun a home delivered program and the Northside Senior Services Center was designated to provide intake and social services for the meals recipients in the College Hill, Northside, Lawer Clifton, and Hilltop locale.

During this period, the agency stimulated and assisted in the development of 13 private home delivered meals programs throughout the county. Programs were operated by churches, hospitals, homes for the aged—providing a "patch-work quilt" of home delivered programs to address the home-bound need.

In 1973, the senior services project became a member of the Community Chest and an independent incorporated not-for-profit agency, known as Cincinnati Area Senior Services, Inc.

Presently the agency administers the title VII Senior nutrition program for a five-county area operating 20 sites in Hamilton County, eight more sites via subcontract in Butler, Warren, Clinton, and Clermont Counties. An average of 1,500 meals is served daily in both group and home delivered categories. The agency provides transportation, counselling assistance, advocacy and representation of black lung claims and miner pensions as well as housing assistance through locating, moving and advocacy regarding tenants rights. An outreach component operating in the five-county area comprises a supervisor and 15 field staff. Through a title XX contract, additional counselling, protective and guardianship services are being provided. Under a contract with the city of Cincinnati via Community Development Block Grant it operates additional multiservice programs in Over-the-Rhine, Mt. Auburn, and Madisonville.

The agency, recognizing the need for self-sufficiency and independence of its older clients gears its services to support and enhance those needs. Believing, further in the developmental and creative capability of its constituency, it has provided innovative educational programs for several years. It is currently serving as one of the two field sites for the National Council on Aging humanities project using four of its multipurpose centers. Each varies in its composition. Three are within the city and one is a rural meal site.

The agency works closely with other support services (e.g., Association of Home Care Agencies, health department, Cincinnati Recreation Commission, Legal Aid, probate court, Cincinnati General Hospital, Miami University, University of Cincinnati, Edgecliff College and the Arts Consortium.) It is the only agency focusing exclusively on multiple services for the elderly in the greater Cincinnati area.

FLUSHING AVENUE SENIOR CENTER, BROOKLYN, N.Y.

ANNUAL REPORT TO THE COMMUNITY

Our center serves the Senior Citizens residing mainly in the areas of Williamsburgh, Greenpoint, Bushwick, and Bedford-Stuyvesant. During the year ending

December 31, 1976, the following were some of the services that we provided to our senior population:

We are NOT a United Nations Organization, but almost—
2,200 senior citizens from all parts of the world, representing different nationalities, races, and religious beliefs, compose our membership rolls. The breakdown by ethnic origin is as follows: Blacks, 24.10 percent; Italians, 16.23 percent; Hispanics, 22.49 percent; Orientals, 4.42 percent; Jewish, 16.45 percent; Others, 16.31 percent.
We are NOT a convention hall, but—
55,473 visits were made to the center by senior citizens.
We are NOT a chain of restaurants, but—
We have a kitchen open 5 days per week, all year around.
We have NO chefs, cooks, or kitchen helpers, but—
52,668 lunches were cooked.
31,945 breakfasts were prepared.
We have NO waiters or waitresses, but—
52,668 lunches.
31,945 breakfasts were served.
We have NO telephone operators, but—
19,024 telephone calls were made to the isolated, disabled people.
We are NOT a "Roseland Dancing Hall," but—
6,645 senior citizens danced in our Center during the afternoon, all year.
We are NOT a catering service, but—
12 birthday parties (one every month) were held in which 4,170 senior citizens celebrated birthday with music, ice-cream and cake.
We are NOT calendar holiday keepers, but—
14 special parties were held (Mother's Day, Mardi Gras, Valentine, etc.)
3,774 senior citizens participated.
We are NOT a travel agecy, but—
16 trips were organized in which
1,985 senior citizens participated.
We do NOT own bus or subway lines, but—
1,312 half-fare cards were issued to senior citizens.
We are NOT a school of music, but—
352 piano lessons were given to senior citizens.
We are NOT a school of languages, but—
523 senior citizens participated in Spanish language classes.
We are NOT a school of sewing and crochet, but—
1,224 senior citizens participated in sewing and crochet classes.
We are NOT a school of music for chorus group, but—
62 sessions of rehearsal were held by our glee club and rhythm band and
2,173 senior citizens participated.
We are NOT a school of arts and crafts, but—
76 classes were held in which
1,090 senior citizens participated, learning painting, creative jewelry, ceramics, weaving, basketry, metal craft, needle crafts, etc.
We are NOT part of England or China, but—
48 Wednesdays of the year
4,445 senior citizens have enjoyed "Tea and Cookies Parties."
We are NOT an employment agency, but—
7,852 hours of work were provided to senior citizens.
We are NOT Uncle Sam, nor even Santa Claus, but—
11,656 senior citizens received cash carfare, for which
5,828 dollars were distributed at 0.50 per person.
We are NOT a traveling road show, but—
260 of our members visited nursing homes and hospitals to entertain the patients with music, poems, songs, dances, etc.
We are NOT a game pool room, but—
7,022 senior citizens enjoyed games, as domino, card, bingo, chess, pool table, ping-pong, etc.
We are NOT a movie house, but—
39 movie pictures were exhibited in our center and
2,810 senior citizens viewed the films.
We are NOT a fitness health club, but—
54 classes of calisthenics were held in which
676 senior citizens participated.

We are NOT a legislative body, but—
130 committee meetings were held in which
4,474 senior citizens participated.
We held counseling service sessions during—
250 days of the year, in which
6,330 senior citizens were helped.

We also offered orientation and referral services in the areas of medicaid, SSI, rent increase exception program, tax reduction, welfare rights, food stamps, etc. We also are engaged in several other activities, as social action, bazaar, celebration of wedding, as well as silver and golden anniversaries, fashion show, talent show, etc.

But . . . we are just a senior citizens center, no more, but no less. The complete staff of the Flushing Ave. Senior Center is composed as follows:

1 Director (5 days per week)
2 Group workers (5 days per week)
1 Case Aide (5 days per week)
1 Case Aide (part-time, 2 days per week)
1 Art & Crafts Teacher (part-time, 1 day per week)
1 Music teacher (part-time, 1 day per week)
1 Secretary (5 days per week)
2 Custodians (5 days per week)

Very many senior citizens volunteer their time, hard work, and talents to help the staff to carry on the large varieties of programs and services that the center provides to our senior population. Thanks to the dedication and devotion of those senior citizens and members of the staff. The center has been able to achieve many of its goals. Without love nothing makes sense. People are lonely because they build walls. Not bridges.

A. PEREZ-VIDAL, *Director.*

GOLDEN AGE CENTERS, INC., CLEVELAND, OHIO

Sixteen Golden Age Centers (GAC) in Cleveland are managed by a private, nonprofit agency that has been providing services to seniors in the metropolitan area since 1954. Centers are located in senior high-rise apartment buildings of the Cuyahoga Metropolitan Housing Authority and are open for membership to any resident or anyone 60 years of age or older. Some 8,000 seniors have joined the Golden Age Centers that are scattered throughout the city and two suburbs.

A recent analysis of the staffing and service patterns in 12 centers resulted in changes that will measurably increase the quantity and quality of services provided. Service teams, including representatives from public and private agencies, now pay regularly scheduled visits to the centers. The Visiting Nurses Association and the Center for Human Services are training members to plan their own social, educational, and cultural activities under the new system.

Each center has a membership association with elected officers. Seniors also are represented on advisory committees and the board of trustees of the nonprofit organization, Golden Age Centers, Inc.

The concept of the Golden Age Center is to develop a linkage and sense of community between the elderly living in public housing and those who live in private single-family dwellings or in other more independent living situations. Residents of the buildings in which the centers are located account for 60 percent of the total membership of the clubs, the remaining seniors being commuters.

In addition to the centers, Golden Age Centers, Inc., is engaged in outreach activities which include a geriatric program to find older residents in areas served by centers and link them with community services. The GAC also manages a series of camping sessions for seniors in cooperation with the city of Cleveland. Drama, music, crafts, and outdoor activities are part of the program.

FUNDING

The Golden Age Center's annual budget of approximately $700,000 depends upon substantial contributions from local community organizations such as the United Torch Services. The city of Cleveland donates community development moneys and general operating funds coordinated by the Mayor's Commission on Aging, the designated Area Agency on Aging for the city. Hot lunches served at Golden

Age Centers are administered by the Cuyahoga County Commissioners' office, a separate Area Agency on Aging.

JAYCEES

In addition to the Golden Age program, the Cleveland Jaycees sponsor a senior center in one of the high-rise buildings. This center provides a dial-a-bus service, hot lunches, legal aid, food stamp distribution, and information/referral services. A medical program offers monthly visits by a podiatrist whose fee is paid by the patient, a monthly blood pressure test with donation requested, and free monthly hearing examinations. A variety of recreational activities completes the program. Mayor Ralph Perk views the Jaycee participation with Cleveland's elderly as the best combination of public needs and private resources.

SENIOR CITIZEN CENTER, CULVER CITY, CALIF.

The center is open 365 days each year, has 2,614 current members, and has 2,300 attendance units each week—120,000 each year.

Multiservice center activities include:

1. Games and recreation: Bridge, bingo, pool, color TV, library, softball, walk-a-lunches, festivals in the park, free swimming, etc.
2. Parties and socialization: Parties, entertainment, orchestra, dances.
3. Cultural activities: Guest speakers, concerts, plays, cultural trips.
4. Educational activities: Art, arts and crafts, ceramics, creative writing, personal growth, plant care, sewing, stitchery, health education, physical exercise, Spanish, discussions, choral groups, drama, nutrition, history, etc.
5. Information and referral: Full-time worker for referral on health, finances, services, adoptions, etc.; followup until problems are resolved.
6. Housing referral: Locating suitable housing for seniors.
7. Job referral: Placing of seniors in full or part time jobs at no charge.
8. Personal counseling: One-to-one counseling by trained professionals; full range of problems, including mental health.
9. Special transportation: Free service within a 3-mile radius to immobile seniors for shopping, appointments, banking, etc.
10. Nutrition: Low-cost hot meals and socialization under title VII.
11. Social service counseling: Forms, information, and advocacy on social security, medicare, medical, food stamps, etc.
12. Legal: Retired judge gives free counseling: refers for specialized services.
13. Health screening clinic: Free blood pressure check, urinalysis test for diabetes, hemoglobin test for anemia; referrals, service by appointment.
14. R.S.V.P.: Placement of the retired in volunteer positions in community.
15. Advocacy and public forums: Voice-of-the-people programs with elected officials.
16. Financial information services: Free help on federal and state income taxes, property taxes, utility taxes, discount plans, consumer problems.
17. Trips: One-day trips to local attractions; 3- and 4-day trips; tours to Mexico, Hawaii, Europe, Australia, etc.
18. Health services: Influenza immunizations, glaucoma and dental screening.
19. Preretirement information: Limited counseling on housing, finances, leisure, family adjustments to retirement, literature.
20. Friendly services: Calls and visits to shut-ins, minor home and car repairs.
21. Escort services: Volunteers to help those who are immobile.
22. Camp: Opportunity to "get away from it all"—in the spring and fall.
23. Physical fitness class: Fitness exercises motivated by joining others.
24. Two social clubs: Two senior clubs use the facility for social activities.
25. Outreach program: Isolated seniors are sought, invited, and aided about SSI property tax relief, utility tax exemptions, etc.

WAXTER CENTER, BALTIMORE, MD.

Baltimore's Waxter Center represents one of the Nation's most advanced comprehensive service centers for the elderly. The planning, design, and development of the $3.8 million, three-story, modern brick and glass structure and its services delivery system involved a 10-year process incorporating considerable senior citizen and community involvement throughout that period.

The major problem of the new center was placing a bond issue on the ballot, an effort that absorbed 4 years. In 1967, the proposal for a public bond to finance the modern building made the ballot, and a major campaign was undertaken by

the staff and seniors associated with the Metropolitan Senior Citizen Center, Waxter's predecessor. The campaign included lobbying trips to city hall and the State capitol. Straw hats, buttons, bus signs, and flyers brought the issue to public attention. Seniors covered the city's polling places in the freezing cold on election day, achieving a two-to-one margin of victory. Approval of the bond issue also meant that the Waxter Center would be a city agency within the Baltimore Commission on Aging and Retirement Education.

Although the vote enabled the city to float bonds to finance the construction of the Waxter Center, the next effort was to convince the city officials to release funds for the new building.

The $3.8 million proposed for the building included land acquisition, architect's fees, construction, and furnishings. When construction began in 1971, although the value of the authorized moneys had shrunk, planners were able to retain the major features of the Center by scaling down on proportions of the facilities.

DESIGN

Throughout the design process, emphasis was placed on the ultimate purpose of the center and the services delivery system. Conceptual concerns dictated the design of the physical structure, as planning groups insisted that the architect "wrap walls around the concept." The result is a uniquely well-integrated design featuring open spaces and completely eliminating long corridors reminiscent of institutional settings.

A well-planned interior design scheme complements and extends the feeling of life and space in the Waxter Center. In addition to the bright, lively colors throughout the building, the furnishings were selected for safety and comfort, as well as for attractiveness. The furnishing committee included seniors who tested and approved every piece of furniture purchased for the center.

ORGANIZATION AND BUDGET

The existing commission on aging was upgraded to cabinet level status through a city ordinance a year before the Waxter Center opened, and was renamed the Baltimore City Commission on Aging and Retirement Education. The center became the service arm of the commission. Waxter's director, Leon M. Woolfe, is also deputy director of the Baltimore Commission on the Aging, of which Selma Gross is the executive director. Both are mayoral appointments. Other Waxter employees are either covered by the civil service system or are seniors, supported through special funds.

While the center is the service and operating agency, the Baltimore Area Agency on Aging (AAA) is the city's planning and coordinating group whose director is hired by the Commission on Aging. The AAA administers grants under title III of the Older Americans Act directed toward development of a comprehensive social services delivery system.

The Waxter Center's budget is composed of:

—$1 million from general city revenues that presently includes approximately $400,000 in debt service to retire the original bond;

—$30,000 in title III funds for information and referral service;

—$84,000 for the day care program funded under title XX (social security amendments);

—$158,000 for manpower development training, funded by title X (public works and economic amendments), and subcontracted by the National Council on Aging;

—Title VII funds for nutrition that includes meal service on weekends; and

—$29,000 for the legal services program that involves an attorney and six students administered by the University of Baltimore.

The center is open 7 days a week and provides a formidable range of health, social work, education, legal, day care, social and recreational, employment and nutritional services to more than 7,000 Baltimore City residents aged 60 and over.

HEALTH

Its health component emphasizes detection and prevention, offering a comprehensive screening service, full-time dentistry, podiatry, and hearing, speech, and vision screening and therapy. Medical and supportive services are provided for handicapped, homebound seniors in the day care program. These might include physical therapy using the hydrocollator, the swimming pool, or the center's home

training apartment. Those seniors who have become incapacitated and are unable to function in their homes practice simulated problems of housekeeping in the apartment that includes a bedroom, bathroom, sitting room, and kitchen.

Healthy seniors benefit, from a general physical fitness program that includes regular exercises under professional instruction.

The Waxter Center also provides services to visually handicapped members, including a weekly group session directed toward independent living. An activities program for those with hearing impairments is being planned. Currently, the center provides health services for these seniors.

NUTRITION

Through the title VII nutrition program, and through a cafeteria service, nearly 2,000 luncheons are served every week. Only a maximum contribution is suggested for the title VII luncheons. Food stamp voucher service is available at the center, and the skills of a nutritionist also contribute to the program.

RECREATION

In the large, adjacent auditorium, a daily post-lunch activity takes place including concerts, lectures, legal, health, and social service seminars, movies, and variety shows. Seniors also may enjoy reading papers or playing billiards in the lounge and game room or utilizing either the creative skills room for sewing and crafts or the workshop where frames are made for the works produced by the art class. A music specialist and a coordinator of weekend activities are also incorporated into the program.

EDUCATION

The educational program is extensive, allowing seniors a choice of classes from bridge to languages. Most of the instructors in the program are senior citizens themselves.

COUNSELING AND REFERRAL

Social services at the Waxter Center include a screening of those who come in with a variety of problems and staff assistance from the Social Security Administration and the city's department of social services. The information and referral section locates resources for hundreds of clients, including jobs and housing. The staff also provides counseling to seniors, exploring the internal and external obstacles they are encountering to living a full life.

DEINSTITUTIONALIZATION

In an unusual program called Centercare, the social services staff of the Waxter Center work with disabled seniors who are already institutionalized in nursing homes. Patients are brought to the center for approximately 5 hours twice a week. A staff program coordinator works with individuals in the group to discover their interests. The patient participates in determining his or her schedule. New classes have been formed in line with Centercare clients' needs and preferences. The objective is to integrate nursing home residents with Waxter Center members, and to develop a sense of independence.

TRANSPORTATION

The center sponsors an outreach program directed toward the needs of minority seniors which provides transportation to nearly 100 men and women each week from their homes to the center and back. Another transportation service is the food shopping bus that takes members who need the assistance from the center to the supermarket and then home.

EMPLOYMENT

The employment project provides 40 paid job slots, half-time and three-quarter time, to economically disadvantaged seniors. Many are then moved into unsubsidized employment.

SOCIAL CONCERN SERVICE

Finally, two special activities deserve mention. Realizing how difficult it is for many elderly living on low fixed incomes to afford clothes, the staff collects unclaimed clothing and shoes at cleaners and shoe repair shops throughout the city and holds a monthly clothing distribution. Also, the center responds to individuals or families of members who might be in need through its Social Concern Committee which includes many seniors. For example, if a regular member suddenly stops coming, committee members will check with his or her family or friends.

Waxter members come to the centrally located downtown center from every section of the city, served by 10 city buslines with nearby stops. On a normal day, the center welcomes between 400 and 600 seniors, who come for the agency's wide-ranging services and programs. With the exception of income eligibility for title XX related programs, the center is open to all residents of the city of Baltimore who are 60 years of age or older, without fee.

A feeling of life and cheer predominates at the center. The brightness of the building, the excitement of activity, and the warmth of the staff combine to give Baltimore senior citizens a new lease on life.

Appendix 2

MATERIAL SUBMITTED BY INDIVIDUALS AND ORGANIZATIONS

ITEM 1. RECOMMENDATIONS OF THE NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C., SUBMITTED BY E. BENTLEY LIPSCOMB,[1] DIRECTOR, FLORIDA OFFICE ON AGING AND ADULT SERVICES

RECOMMENDATIONS ON REAUTHORIZATION OF THE OLDER AMERICANS ACT: A COORDINATED APPROACH

GOAL

The development of a comprehensive and coordinated community-based health and social service system for older Americans which fosters independent living.

Fundamental Principles of Such a System

(A) The public sector at the Federal, State, and local levels should take primary responsibility for the development, implementation, and maintenance of this service system with clearly defined roles at each level.

(B) The public involvement in this service system should foster not hinder the expanded participation of the private and voluntary sectors in providing needed services to the older population.

(C) The system should at all levels be identifiable with adequate resources and fully coordinated with health and social service systems focused on the general population or other segments of the population.

(D) The primary objective of this comprehensive system should be the independent living of the older population through the provision of a range of service options which guarantee the right of the individual to choose the least restrictive and the most appropriate alternative.

(E) All components of the income maintenance system must be fully coordinated with this comprehensive system at the community level to ensure the provision of health and social services to the most vulnerable elderly.

(F) Emphasis must be placed on the provision of health and social services to those older persons who are most vulnerable—the very old, the poor, the disabled, the isolated, the minority aged—but the system should not require any income means testing because income alone is not an adequate measure of vulnerability among the elderly.

(G) While the focus of this comprehensive system must continue to be on the most vulnerable aged, the system should at the same time encourage the development of commensurate needed services for older persons with the ability to pay some or all charges.

(H) While the primary objective of the comprehensive system should be the independent living of the older population in the community, services should not foster unnecessary dependence on the services themselves.

Implementation Strategy for this System

(1) The Administration on Aging should be an independent agency within the Department of Health, Education, and Welfare with the Commissioner on Aging reporting directly to the Secretary.

(2) All programs authorized under the Older Americans Act should be administered through the Administration on Aging, the State units on aging, and at State option, through the area agencies on aging.

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[1] See statement, p. 1.

(3) The policymaking authority vested in the State units on aging should be commensurate with their increasing responsibilities as advocates for the elderly at the State level and as chief planners, coordinators, evaluators, and administrators of State plans on aging.

(4) State units on aging should be provided with adequate administrative fund under each title of the OAA to enable them to carry out effectivelly the mandates of the act.

(5) State units on aging should have review and comment authority on all State plans which could have a significant impact on the lives of older persons and should include (but not be limited to) titles XIX and XX of the Social Security Act, Health, Comprehensive Employment and Training Act, Transportation, Mental Health, Alcohol and Drug Abuse, Energy, Disaster, Law Enforcement Assistance Act, etc.

(6) Area agencies on aging should be provided with increased resources and technical assistance to fulfill their mandates in the 1973 and 1975 amendments to the Older Americans Act to act as local advocates for the elderly and as planners, coordinators, evaluators and poolers at the area level.

(7) The prohibition against provision of direct service by a State unit or area agency should be continued unless the provision of such service is necessary to assure an adequate supply of such service or to ensure the quality of the service provided.

(8) The role of the area agencies on aging should be expanded to include case management defined not as a direct service but as an essential part of their advocacy mandate and I and R responsibilities.

(9) To ensure the development of this comprehensive and coordinated system, the State units on Aging should administer all titles of the Older Americans Act through the area agencies on aging, unless the State unit determines a different approach will be more administratively effective and efficient in their State.

(10) The current allotment formula used to allocate funds under titles III of the OAA to the States should not be changed but continue to be based on the number of persons 60 plus in the population combined with a guaranteed minimum.

(11) Congress should maintain the existing formula for the allocation of titles III State administrative funds for the current level of these monies. Any increases in these funds should be distributed so that each State's allotment increases by the same percentage of their current level.

(12) The Federal Government should fully recognize the American Indian and Alaskan natives and provide adequate funds to meet their needs.

(13) Congress should not make any changes in the current OAA language which emphasizes the needs of the low income and minority elderly and any move to institute a means test is strongly opposed.

(14) The setting of national priorities within the OAA by the Congress is inconsistent with the intent of the act. But if the Congress does establish priority services, they should do so without including any specified percentages of funds which must be spent for these services.

(15) The Congress should *exclude* benefits under title III of the OAA and other services programs such as title XX of the Social Security Act from the "income" definition of other programs as now provided in title VII of the OAA.

(16) The allocation of OAA funds within States and the designation of cities as area agencies should remain State issues with full State authority over such decisions. However, the criteria used in making these decisions should be made public and all concerned parties should have an opportunity for participation.

(17) Congress should provide for advanced funding under the OAA premised on a 2-year planning cycle to facilitate the planning process.

(18) Participants in OAA programs should continue to be given the opportunity to contribute toward the cost of the services provided.

(19) A separate authorization of funds should be provided to expand home delivered nutritional services within the existing title VII administrative structure.

(20) Title V of the OAA should be made a State formula grant program with State option on the distribution of those funds.

(21) At State option, limited construction should be allowed under title V if it can be demonstrated that no other facility is available in an area for renovation, alteration, or acquisition as a multipurpose senior center.

(22) Title V, part B, should be reauthorized and amended to provide staffing and operating costs for multipurpose senior centers.

(23) The senior opportunities and service program, currently operated by the Community Services Administration, should be transferred to the Administration on Aging.

(24) The older Americans volunteer programs, operated currently by the ACTION agency, should be transferred to the Administration on Aging, and these programs should be expanded to enable more older persons to participate.

(25) Title IX of the Older Americans Act, the community service employment program, currently operated by the Department of Labor, should be transferred to the Administration on Aging and administered through the State units on aging.

(26) A separate title should be established under the OAA to provide for the training and retraining of middle aged and older workers.

(27) Title IV–A should be made a State formula grant program with no more than 25 percent of the training funds retained and used at the Federal level. State units on aging should have complete authority on the use of the remaining 75 percent of these training funds.

(28) The Multidisciplinary Centers for Gerontology, funded under Title IV–C, should be more adequately coordinated with the State aging program and more responsive to the needs of the States. While there is a continuing need for trained personnel in the aging field, the focus of these centers should be on in-service training and education combined with an emphasis on applied research.

(29) There is a continuing need to improve the relationship of directed research grants [Title IV–B] and model projects [section 308] to the needs of the developing aging network. The recently established peer review procedures would be continued and strengthened. Network agencies should actively participate in the development of the research and model project strategy. In addition, States and area agencies should have review and comment authority over those projects which will be implemented within their jurisdictions.

(30) Twenty-five percent of model projects funds should be earmarked to the State units on aging for the development of special initiatives within the model project priorities established by the Congress.

(31) A separate authorization of funds should be provided to expand legal services within the existing title III administrative structure provided that:

(1) No State unit or area agency be required to provide direct legal services.

(2) No preference be mandated in the awarding of grants to recipients of assistance under the National Legal Services Cooperation Act.

(3) The State units have the flexibility to contract with the providers who can most effectively and efficiently render legal services to older persons.

(4) These funds may also be used in sections of the State not covered by area agencies.

(5) The national legal services resource centers coordinate these programs with the State units and that they not be allowed to provide legal advice directly to individual elderly clients.

ITEM 2. LETTER FROM MARGARET A. CONAWAY, EXECUTIVE DIRECTOR, GOLDEN AGE CLUBS OF NIAGARA FALLS, INC., TO STAFF DIRECTOR, SENATE SPECIAL COMMITTEE ON AGING, DATED SEPTEMBER 27, 1977

DEAR MR. ORIOL: I was a participant in the State Conference On Aging Services held in Albany, September 18–21, 1977, wherein you gave a presentation concerning the discussion and hearings regarding the multipurpose senior centers and of the Special Committee on Aging of the U.S. Senate.

The Golden Age Clubs of Niagara Falls, Inc., has been attempting to establish a senior citizens center in our community for over 5 years. The effort has been very difficult due to restricted funding and the economic plight of over-extended New York State commitments. The allocation of funds under title V of the Older Americans Act, multipurpose senior centers, as you know is very small. Our community and public officials realize the need for a senior center; however operating costs on a long-range basis need to be included in the legislature. Mrs. Lou Glasse, director of the New York State Office for the Aging has been very helpful in regard to the development of senior centers, however, this group also realizes the restricted funding available.

As executive director of a service organization whose prime concern is the elderly, I feel that title V should include a much larger appropriation for capital construction and will be inclusive of operating expense.

I understand that your committee will have a number of professions in the field of aging as witnesses. I hope my comments will be included.

It was a pleasure to hear of the Special Committee on Aging's concern, and also we know it is an uphill battle, but we know that the elderly will benefit.

Most sincerely,

MARGARET A. CONAWAY.

ITEM 3. LETTER FROM BERNARD R. MARKS, ACSW, JYC NEIGHBORHOOD CENTER, PHILADELPHIA, PA., TO SENATOR FRANK CHURCH, DATED OCTOBER 13, 1977

DEAR SENATOR CHURCH: It is gratifying that the committee has scheduled a hearing for October 20 on senior centers in preparation for reauthorization of the Older Americans Act. Unfortunately, I cannot be in Washington and, therefore, wish to thank the committee for providing me this opportunity to submit testimony. I am the assistant executive director of the Jewish Y's and centers of Greater Philadelphia and the director of the Neighborhood Senior Centre. I am administratively accountable for two senior centers located in two separate neighborhoods in Philadelphia more than 14 miles apart. These neighborhoods have large aging populations. Both senior centers receive funds from the Philadelphia Corporation for Aging, the area agency for aging. I am a member of the board of directors of the Pennsylvania Institute of Senior Centers; I am vice chairperson of the Philadelphia Coalition of Senior Center Providers, and I am a delegate to the delegate council of the National Institute of Senior Centers, representing the Mid-Atlantic Region States. In addition, I have supervised senior adult programs in multi-generation facilities for more than 30 years.

For the purpose of brevity and clarity in this testimony, the term senior center is applicable to all facilities that basically provide senior adult services whether they be identified as a multipurpose center, an urban senior center, an urban satellite center, a rural senior center, a nutrition site, et cetera. I am aware of language in the Older Americans Act that makes reference to multipurpose centers, senior centers, nutrition sites, etc., interchangeably. I am confident that the members of this committee and staff are knowledgeable of the historical development of senior centers. I am assuming that the data prepared by the National Institute of Senior Centers has been utilized by members of the committee and staff.

The Older Americans Act gave much impetus to senior center services which were operated by the voluntary sector prior to the act's passage in 1965. The senior center movement is making inroads in the daily lifestyle of older Americans. It is their "home-away-from-home." It provides health services, physical fitness, courses of continuing education, cultural pursuits in art, drama, literature; group services through social clubs and committees; informational services in regard to social security, taxes, wills, insurance; legal counseling; supportive counseling related to individual and family needs. The senior center is the "base service unit" of the neighborhood it serves, for all aged.

Senior centers are able to coordinate in-home services which include meals for the homebound, homemaker and chore services. The senior center is particularly suited to coordinate these services by maintaining consistent association with homebound persons because of the supportive assistance the senior center has via the network of volunteer participants. Senior volunteers assist the homebound as an integral part of the senior center service, particularly in the area of friendly visitors, telephone reassurance, shopping assistance, and transportation to doctors and clinics.

Most senior centers today are operating out of buildings which were built for other purposes and other age groups. Less than 5 percent of senior center facilities in the United States have been built for use by senior adults. Although the voluntary sector pioneered senior center programs prior to 1965, adequate funds for senior center facilities were hardly ever a piority.

The Congress must have been aware of this when it amended the Older Americans Act in 1973 with the enactment of title V. Therefore, it is urgent that Congress expands the Older Americans Act by providing, under title V, not only funds to remodel and renovate existing facilities, but funds to stimulate urban and rural

communities to construct new facilities for the senior adult population. The act should provide appropriate operating funds so that new and/or expanded facilities would have sufficient adequate personnel in order to achieve operating goals. It is my understanding that the committee is considering combining titles III, V, and VII into one service title. The philosophy of the Older Americans Act provided for accountability through area agencies for aging within variable provisions of State options. The committee must be sensitive to the fact that not all States are committed to the senior center as a priority service. Therefore, it is imperative that whether titles III, V, and VII remain unchanged, or become combined into one service title that the enactment identifies the senior center as the recipient provider agency for these services. It should be noted that not all services currently mandated by title VII of the Older Americans Act are channeled through senior centers.

Recently, I participated in deliberations of a program unit of the National Council on Aging, the National Institute of Senior Centers (NISC) Delegate Council. The delegate representing senior centers throughout the country spent much time in reviewing the Older Americans Act. The committee must be aware of the fact that NISC is the only national association of senior center professionals. It is our expectation that the committee will take full advantage of our availability as the draft of the Older Americans Act is developed for reauthorization.

I further urge the committee to schedule hearings in communities where there are senior centers so that senior adults can participate directly in providing testimony for members of the committee. Please note the advisory board of the Neighborhood Senior Centre has authorized me to invite the committee to conduct a meeting at our senior center if it so chooses to schedule hearings in Philadelphia.

Respectfully submitted,

BERNARD R. MARKS, ACSW.

ITEM 4. TELEGRAM AND LETTER WITH ENCLOSURE FROM IRMA MINES, EXECUTIVE DIRECTOR, VOCATIONS AND SENIOR CENTERS ASSOCIATION, INC., NEW YORK, N.Y., TO SENATOR FRANK CHURCH

OCTOBER 17, 1977.

HON. FRANK CHURCH: Urgently request October 20 hearing consider existing multiservice centers not funded by Older Americans Act. Omitting these struggling centers from title V will further fragment services they marshall and coordinate in order to prevent needless institutionalization. Over 180 such centers in this city regularly serve 300,000 low-income elderly and countless others with occasional problems. Statement will follow.

IRMA MINGES.

OCTOBER 18, 1977.

DEAR SENATOR CHURCH: This statement supplements our telegram of October 17, which urged inclusion of existing multiservice senior centers in your committee consideration of title V.

VASCA is a citizen-motivated umbrella agency working with more than 180 such centers throughout New York City, many in deteriorating neighborhoods. Open at least 5 days weekly, they offer a variety of preventive and supportive services to some 300,000 low income elderly. Countless others who do not regularly attend these centers turn to them with emergencies or help in obtaining medicaid, rent exemption, SSI, or other services to stretch limited budgets, maintain health, or recover from a mugging attack.

While we applaud your assessment of the need for additional centers, we urge attention to the role of existing centers as focal points for service delivery. Handicapped by inadequate financing and without access to title III funding, they struggle to create, to utilize and to coordinate services essential to prevent needless deterioration and institutionalization. Although they serve the same nutritional meals as nutrition centers funded by title VII, they do not have access to commodity foods which at present pricing amounts to 29 cents per meal. Unless these centers are integrated into Older Americans Act funding, we foresee further fragmentation of services.

Moreover, since many centers already strive with difficulty to serve the homebound, modest expansion of space for administrative staff and operating budgets would provide critically needed home health services at moderate cost. A further need is for operating costs for vehicles obtained through other sources for transportation of the disabled elderly and delivery of meals to the homebound. One of our local centers developed a model transportation service cooperatively with five other agencies. Since November 1973, the project transported 14,000 seniors yearly, then found it impossible to meet the modest operating costs, and recently was forced to give up the three minimbuses.

Prior to the 1973 expansion of the senior center movement, New York City operated about 60 in cooperation with varied public and private agencies. This group, financed almost wholly by city tax revenues, included the first senior center in the country established in 1943. There are now 65 city-operated centers, and 99 others operated by private agencies under contract with the city, for a total of 164 multiservice centers under title XX social services funding. More than 95 percent of the registered participants have incomes at or below the poverty level. For the many who live alone, the center really serves as a substitute family, strengthening the will to cope with a marginal existence. (There are at least 18 others open 5 or 6 days weekly, also delivering a spectrum of life-sustaining services but without Government funding.)

In January of 1976, the already inadequate budgets of the title XX centers were reduced by city cutbacks. State budget proposals early this year would have forced the city to close a number of centers since budgets could be cut no further. We quote from a letter sent at that time by members of a center in the devastated South Bronx:

"Our membership is comprised of 300 senior citizens ranging in ages from 60 years to over 94. Our senior center is more to us than a recreational or babysitting program for seniors. It is our life, not only because it provides us with a healthy place to attend daily in this devastated community, but because it is the place where our blind, disabled, homebound and handicapped turn for help. The center's counselling and referral services teach us where to meet health needs, including medicaid and medicare requirements. Our center is the place to which we turn when our buildings are abandoned overnight by landlords, leaving tenants alone without services and at the mercy of the criminal world, the drug addicts and others who prey on us. With unclaimed bodies of many of our deceased members still in the city morgue, our center has reached out (where there were no relatives) to find friends and neighbors to claim the bodies and avoid burial in Potter's Field. Dead or alive, our center is our 'rescue agency' in time of need. Its doors must remain open to us and for generations to come who will mature into senior citizens. Please help us in every way for continued survival, with no further reduction in our staff, center or community services."

Our recent survey indicates that despite skeleton staffing, these centers continue to provide the following preventive health services in addition to daily meals, educational, cultural and social programs:

(1) Through arrangements with nearby hospitals, student nurses and medical volunteers, many centers provide medical screening, health counseling, referrals and followup, flu shots, etc.

(2) They are often the key to discharge planning by hospitals with geriatric patients who lack family and require a variety of supportive services. Conversely, they mobilize and coordinate services for State mental patients discharged without provision for needed services, and for their members in failing health who would otherwise be placed in a nursing home.

(3) They overcome the traditional resistance of elderly New Yorkers to applying for financial and medical entitlements, through counseling and persistence in removing bureaucratic roadblocks to needed services.

If it would be helpful to your committee, we could provide case examples of how centers reverse, as well as prevent, disabling impairment; help to free expensive hospital beds; provide services to avoid needless nursing home placements.

We hope the foregoing facts will be considered in your committee deliberations.

Sincerely,

IRMA MINGES,
Executive Director.

[Enclosure.]

[From the New York Times, Tuesday, Feb. 8, 1977]

IMPERILED MULTI-PURPOSE SENIOR CENTERS

TO THE EDITOR: In formulating proposals to cope with a critical budget situation, Governor Carey has included a little-known provision which can only result in inflated future tax costs for needless institutionalization of the elderly.

This relates to social services for which the Federal Government pays 75 percent under title XX of the Social Security Act. The Governor proposes to save State funds by shifting certain services such as foster care to title XX, thereby reducing available funds for services such as multipurpose senior centers. This could result in closing 33 or more centers in New York City which provide life-sustaining services to thousands of needy older persons.

At a tiny fraction of the cost of nursing home care, senior centers reverse, as well as prevent, disabling impairment. They also free expensive hospital beds by providing multiple services required by some geriatric patients at point of discharge.

Medical research has repeatedly documented the fact that social isolation leads to physical and mental illness. Multifunction senior centers combat isolation and self-neglect in many ways, such as serving a daily hot meal, the mainstay of nutrition for many oldsters struggling to survive on poverty incomes; bringing health and mental health services into the center and helping individuals to obtain outside services when needed; offering varied programs for physical and mental stimulation and for useful volunteer roles; giving individual and group support to victims of crime and other traumatic losses.

A recent report issued by the State office for the aging indicates that older New Yorkers are substantially worse off than other age groups of the State population. It points out that the elderly represent 20 percent of the State's poverty population and have greater need for services to avoid institutionalization. Nevertheless, only 13 percent of title XX funds are allocated for such services. In this connection it should be noted that the aging are not represented on the advisory committee for title XX social services.

In the current budget planning, we urge the Governor and members of the State legislature to weigh carefully the social and economic costs of terminating any multipurpose senior centers.

HELENE WALKER,
President, Vocations and Senior Centers Assn.

ITEM 5. LETTER FROM ARTHUR A. ANKENY, EXECUTIVE DIRECTOR, SENIOR ACTIVITIES CENTER OF CAMBRIA COUNTY, INC., JOHNSTOWN, PA., TO SENATOR FRANK CHURCH, DATED OCTOBER 28, 1977

DEAR SENATOR CHURCH: Please include this letter with the testimony taken at the October 20 hearing in preparing recommendations for reauthorizing the Older Americans Act. I administer a network of nine senior centers throughout Cambria County with our headquarters center in Johnstown. These centers include urban, small town, and rural areas. We also work with senior clubs in communities where no full time center operations have been possible because of limited resources for facilities, operations and transportation.

The senior center movement has received much impetus from the Older Americans Act even though its history can be traced much further back in the private, voluntary sector. With rapid growth in the ratio of those over age 60 to the total population, the role of the senior center must soon become an integral part of every community. The "new" Older Americans Act must be built on what has been learned about the value of the senior center as a focal point in the community for services and activities. The senior center serves as a preventive mental health measure, an access to curative resources for problem solving and a creative forum for the reinvolvment of older people as contributing members of the community. Just as we concentrated physical and human resources on community schools in the 1950's so we must mobilize around senior centers during the next decade. The role of the Federal Government must be that of catalyst to enable State and local governments to fulfill their needs for senior centers.

If we do not expand our center programs and provide adequate, safe, accessible facilities we will most definitely be pouring billions into nursing homes and other custodial institutions. We will again be too late. We will be dealing with symptoms of old age syndrome because we neglected to provide the means for older people to remain active and healthy in their community.

Sincerely,

ARTHUR A. ANKENY.

ITEM 6. LETTER FROM RENNIE COHEN, DIRECTOR, CENTER FOR OLDER ADULTS, NORTH WEST LAW PROJECT, PHILADELPHIA, PA., TO SENATOR FRANK CHURCH, DATED NOVEMBER 11, 1977

DEAR SENATOR CHURCH: I am writing this statement to you in the hope that it will add to your committee's ever-expanding reservoir of knowledge about the older people: their needs, their aspirations, and the services presently provided and those that should be provided. On October 20, the Special Committee on Aging held a hearing on senior centers which I was unable to attend. I am grateful for the opportunity of submitting written testimony concerning older adult centers in preparation for reauthorization of the Older Americans Act.

Since 1974, I have held the position of director of the Center for Older Adults, N.W. (COA) in Philadelphia. Our center was started in 1968 by a group of older people within the community. It provided a daily focal point for classes, discussions, lunches, and services for anyone over 60. It garnered support from area congregations, foundations and individuals, and many of our activities are still community funded.

In April 1974, COA augmented its services by adding a federally funded title VII nutrition site to its program. This allowed the center to serve 100 older people lunch daily. Title VII replaced a much smaller 2-day-a-week program run by area churchwomen. Our numbers skyrocketed from 250 to 750 in the first year and to 1,000 in the second year.

From my experiences in the last 4 years, I believe it is essential that when our government is examining its commitment to the needs of our elderly, it is essential to examine its commitment to the needs of our youth. These are the two segments of our population that are not part of the work force and need a community institution with which to identify.

From America's inception, the one-room schoolhouse and children were synonymous. Just as our schools expanded to serve the many needs of our diverse student population, it is time for us to focus in on the development of the many one-room senior centers. As the older adult population mushrooms, their needs as a group are becoming multifaceted. This diversity is one of America's great strengths and it is very much a part of the excitement of center life and program.

The focus of preventive care has supported elderly, independent living residents from becoming frail and disabled and given many of the frail and disabled a reason to try harder. Just as our schools are open to all our youth, shouldn't our centers be open to all the elderly in the area?

Should we be hiding the fact that we are elevating the quality of life for all segments of our over-60 population? By all segments of our community I mean—all of our members are not minority, but many of them are; all of our members are not disabled, but many of them are; all of our members are not 75 plus, but many of them are; almost all of our members live alone, but not all of them do; almost all of our members are income eligible, but not all of them are. Together, they make up a cross-section of our older population.

Many of our older adults feel unwanted, discarded, and are waiting to die. People must feel needed, productive, and value their self-worth. Don't we owe individuals with no friends or family to care for them, who have worked hard in their productive years, a community base? For many a center is the blanket that envelops their needs for security, companionship, activity, transportation, food, and advocacy. It is the one community institution that our independent elderly can identify as theirs.

Presently almost every service is overlooked. Staff, advisory councils, and boards of directors are being asked to make impossible decisions. With a total of 3,500 daily lunches and 50,000 poverty level older adults in Philadelphia, how are centers to decide which people should receive those few meals? Often we make this decision by just using the income criteria of the target population. Using the other four criteria: (a) Minority, (b) over 75, (c) functionally dis-

abled, and (d) isolated makes the choices even more ludicrous because if only one condition must be met the target population reflects the face of the urban elderly population.

The COA transportation system uses the public transportation system as its base. We have one van on long-term loan from our AAA agency. In 1 week it is used to transport 50 handicapped members, two shopping assistance trips, and one low-cost pleasure trip. Every one of these services has long waiting lists. Again, uncomfortable decisions about who is "most needy" must be made when all those that need the service are "most needy."

These overloadings are definite indicators of real needs that are not being met. The target population should not become more restrictive, but rather the services should be encouraged to blossom. The opportunity to rewrite the Older Americans Act is an opportunity to respond to those needs that centers can answer now on a very limited basis due to their limited resources. Centers have demonstrated their value to the communities they serve by coordinating a continuum of services for both the well and the shut-in older person. The center community allows isolated old people to have contact with an agency that knows them and helps them when they are sick and when they are well.

As presently written, title VII funds are to be allocated in the following proportions: 80 percent nutrition, 20 percent supportive services. It has been our experience that most of our participants have a tremendous variety of needs and that this allocation does not respond to that reality. Do we want multiservice centers or nutrition sites? Are we to be equipped to meet diverse needs or are we to be soup kitchens?

When the Older Americans Act is rewritten, a basic need that is not addressed is the need for adequate staffing. Title V allows for funds to be allocated for new centers, but then depreciates the funds available over a 3-year period. Funds are needed for adequate staffing for both new centers and centers that are already in existence. Funds should not depreciate each year but rather appreciate with the cost of living. Until additional money is earmarked specifically for staff expansion, our center will not be able to provide quality service for all 1,000 of our members.

If the senior center is the primary community agency serving older adults, it might be wise to reconsider money given to the mental health/mental retardation system for serving geriatric patients. The present generation of older people are reluctant to go to mental health agencies, and senior centers are in fact providing counseling and supportive therapy to their members. The MH/MR system may be attempting to change its image to older clients, but perhaps a redirection of some funds to the senior centers for mental health services to the elderly would be more realistic.

The Older Americans Act was a giant step forward in developing sensitivities and services for the older population. As our numbers grow top heavy in the upper age brackets, we as a Nation must develop ways to insure dignity and meaningful years to those who have served us well. The network of older adult centers is an invaluable resource that if allowed to develop its full potential can help meet this goal. We welcome the opportunity to offer our expertise to you as you gather information for developing the reauthorization of the Older Americans Act.

Respectfully submitted,

RENNIE COHEN.

ITEM 7. LETTER AND ENCLOSURE FROM JUANA P. LYON, EXECUTIVE DIRECTOR, NATIONAL INDIAN COUNCIL ON AGING, INC., ALBUQUERQUE, N. MEX., TO SENATOR FRANK CHURCH, DATED NOVEMBER 8, 1977

DEAR SENATOR CHURCH: Thank you for your letters of October 3 and November 2, 1977, on the subject of "Senior Centers and the Older Americans Act." We waited for the arrival of the announced working paper on the subject before responding. Since, as you stated, the working paper has not been completed to date, we will respond to the specific points raised in both of your letters on the enclosure to this letter at this time to insure that our reply reaches you by November 21, 1977.

As you know, all recommendations in behalf of our constituency must take into consideration the special geographic, jurisdictional, socioeconomic, legal, and

cultural conditions which apply to the American Indians and Alaskan Natives. Any or all of these may, at any given time, affect the extent to which existing or proposed legislation and administrative policies must be modified to adapt to the special requirements of this population group.

We hope that the Special Committee on Aging will bear this in mind and will receive our recommendations in that context.

We appreciate the opportunity to comment on this important subject.

Sincerely,

JUANA P. LYON.

[Enclosure.]

POSITION OF THE NATIONAL INDIAN COUNCIL ON AGING ON THE SUBJECT OF SENIOR CENTERS AND THE OLDER AMERICANS ACT

(1) Whether AoA should be instructed by the Congress to take further steps to coordinate activities of titles III, V, and VII:

The National Indian Council on Aging is a strong advocate of coordination of services where this does not work to the detriment of the Indian[1] elderly. Where the State agencies on aging have given Indian tribes the opportunity to constitute their own area agencies on aging (e.g. in New York, Washington, Montana, Utah) coordination of the activities of titles III, V, and VII would increase effectiveness in service delivery. The same would be the case if Indian tribes were given and exercised the option to receive funding under these titles directly from the Federal level.

Under the present system, with the exception of the Indian area agencies, the effect of coordination of the activities under these titles on the Indian elderly would depend entirely on the commitment of the respective State or area agency to provide equal service opportunity to its Indian target population. If the current picture is any indication of what might be expected, the majority of the Nation's Indian elders would not be served.

(2) Whether you have recommendations for the amount by which title V funding should be raised each year, or group of years:

Funding levels for title V should be raised initially to narrow the wide gap between actual need and available funding. They would then have to be raised periodically to keep pace with accelerating costs.

(3) Whether you believe that the senior center can become the one-stop point of delivery for services in conjunction with activities of area agencies on aging and other agencies providing services for older persons:

It would be ideal to have senior centers become the one-stop delivery point for all services to the elderly. Unfortunately, many Indian communities have struggled in vain to obtain funding for senior centers. A senior center on an Indian reservation could become a multipurpose center as part of a tribal department on aging. This arrangement would be an ideal solution for the complete coordination of all supportive services for Indian seniors.

Senior centers in off-reservation areas would have to be sponsored by an Indian center or other Indian service organization to provide meaningful support to elderly Indians in urban areas, who are kept from utilization of centers serving the general population by cultural differences, such as language barriers, etc.

(4) Should title V be made a straight formula grant program, as are titles III and VII?

Our answer is a qualified "yes." Indian participation in title V funding has been hindered by the following circumstances:

(a) Area agencies recommend funding to the State agencies, which receive their funding from the Administration on Aging. Non-Indian area agencies would not be likely to recommend Indian centers for funding. Accessibility to title V funds is, consequently, severely restricted. Example: When the State of Arizona received "wedge period" title V allocations in 1976, it took the stance that the total allocation was so small that Indian tribes should not be given the opportunity to participate.

(b) States often take the attitude that Federal moneys allocated to the States become State funds and that, since Indians do not pay State taxes, they should not be eligible for State funding. (Although most reservation residents do not pay State taxes on the reservation, they pay all applicable taxes off the reservation, such as sales taxes, etc.)

[1] The term "Indian" includes reference to the Alaskan Natives.

(c) Title V allocations for Indian senior centers should not be based merely on numbers of elderly to be served, but should be weighed by factors such as geographic isolation, income below poverty levels, lack of access to other support services, etc.

(5) Should funding of part B include staffing?

Yes. In many instances, that would be the only funding source.

(6) Should allowance be made for limited construction in areas which have no facilities to acquire, alter, or renovate?

Yes. This provision would be especially significant for Indian communities which, with very few exceptions, have no existing facilities available.

(7) Practicality and feasibility of implementing sections 506 and 507 together with placement of such a program:

The deadline for responding to this question does not permit us to research this question with regard to the full legal implications as they relate to the mortgages on facilities constructed or acquired on Indian trust land.

In essence, Indian trust land may not be encumbered or otherwise used as security, collateral, etc. More extensive review of the legal aspects will be required in connection with this section, as well as of applicable sections of the Housing and Community Development Act of 1974, to document the need for and recommend alternatives to funding of senior centers and elderly housing without encumberance of Indian trust land.

Since only 12½ percent of funds provided under section 507(d) nationwide may be used within one state, the likelihood of funding being granted to an Indian senior center project is extremely limited.

Since most Indian tribes have tribal housing authorities which work with programs funded by the Department of Housing and Urban Development, and since that Department has become increasingly more aware of the special needs of Indian people, we recomend that responsibility for this program be assigned to HUD.

(8) Coordination of comprehensive plans submitted by the State and area agencies with senior centers:

To the extent that the national Indian community has equitable input into such comprehensive planning, we are in favor of this concept. Comprehensive plans submitted by tribal agencies on aging would be coordinated with tribal senior centers.

(9) Should standards for senior centers be offered as guidelines, requirements, or suggestions?

Standards should be in the form of suggestions or recommendations. The great variance in local conditions affecting service delivery to the national Indian elderly population calls for flexibility in standards. The unit of general purpose local government, in this case should have the authority to establish local minimum standards based on local needs, conditions, and cultural requirements.

ITEM 8. LETTER FROM CYRIL BRICKFIELD, EXECUTIVE DIRECTOR, NATIONAL RETIRED TEACHERS ASSOCIATION/AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C., TO SENATOR FRANK CHURCH, DATED NOVEMBER 14, 1977

DEAR FRANK: I have your letter of November 2 regarding the hearing which the Senate Special Committee on Aging held on October 20 regarding senior centers and the Older Americans Act. You request my comments on a number of issues which are as follows:

(1) *Making title V a straight formula grant program, as are titles III and VII.* We favor making title V a straight formula grant program similar to titles III and VII, since we feel that this program can be run better by permitting the States to determine the location of senior centers and to distribute formula grant money for this purpose to the various organizations, public and private nonprofit, within the State. State and local authorities are closer to the actual use of such moneys and they are, it seems to us, in a better position to determine the validity of a particular application than can be done by the Administration on Aging in Washington.

At the present time, the responsibiilty devolves upon the Commissioner to pass upon every application for a grant, and this is a burden which can be much better carried out at the State and local levels.

(2) *The funding of part B to include staffing.* At the presnt time, the act only provides for funds for staffing on a temporary basis for 3 years in a declining amount, from 75 percent of such costs to 50 percent of such costs for the third year of the project. The problem is that the areas which need senior centers most will probably be those areas least able to carry the continued cost of staffing. Alternatives at the end of a 3-year period are to cut it off entirely, to fund at the current rate of 50 percent, or to fund at some portion of that rate. We are inclined to say that the State should be given authority to fund at less than 50 percent if this is necessary to keep the program going, but that after a period of, say, 5 years, if no further local funding develops, the State agency might be authorized to terminate support if it concluded that funds could be better used elsewhere.

(3) *The allowance for "limited construction" under title V, in order to accommodate those areas who have no facility to acquire, alter, or renovate.* We do not think that the Federal Government ought to go into the general business of constructing new senior centers throughout the country. However, there may be places in the country which have no facility to acquire, alter, or renovate, and in such case it would appear that authority might be granted to build a new senior center. We think this should be the exception rather than the rule, and that applications for construction, even limited construction, should be subject to very strict scrutiny.

(4) *The practicality and feasibility of implementing sections 506 and 507 on mortgage insurance and interest loans, together with the placement of such a program.* We think that the placement of such a program ought to be in HUD and the Farmers Home Administration rather than in HEW. HUD is better qualified to handle this program in city or suburban areas and the Farmers Home Administration is well qualified to handle it in rural areas. We believe that the program can be divided between the two agencies and still be properly administered, but we do not think that it ought to go to the Public Health Service, to the Administration on Aging, or to remain in HEW.

(5) *Possible coordination with senior centers of the comprehensive plans submitted by the State agency and area agency.* If the senior center is intended to be a focal point for activity on behalf of the aging, coordination with the comprehensive plan developed by the State and area agencies is a necessity. We think the senior centers should be part and parcel in the formulation of the comprehensive plan, and that they ought to be geared into the operations of the plan as fully as possible in order that the State and area agency plan can be carried out with maximum cooperation and activity on behalf of the senior centers and development of the program for the State as a whole.

(6) *The setting of standards for senior centers: should they be offered as guidelines, requirements, or merely "suggestions"?* The use of guidelines would provide some uniformity in policy and practice throughout the State and throughout the country. On the other hand, it is not desirable to tie down the imaginative development of programs by strict requirements or, on the other hand, to simply say to the senior centers, "You can free-wheel to whatever extent you desire and no one will pay any attention to how your program develops." We want to see some uniformity of program. At the same time, we want to leave plenty of room for imaginative off-shoots of the program which may be thought of and promoted by the senior citizens themselves who are active in senior centers. The guidelines should therefore be general and should leave plenty of room for flexibility in the development of programs.

I know that you are developing a working paper and that this will be available at a later date for comment. We will be very glad to receive a copy of the paper and to give you our reactions to it.

I might make one final comment, and that is that development of a senior center program ought to be done by the maximum use and activity of older persons themselves. In every community, there is enough talent, know-how, and desire to be useful to fellow Americans to develop a fine program without relying heavily upon paid professionals. It seems to me that the ultimate ideal would be a senior center program which is carried out by the older persons themselves on a voluntary basis. I realize this is not entirely practical in many cases, but it has the seeds in it of a program which would be homegrown and developed by people who would be applying their own experience to the kind of program that older people in the particular area would want.

Thank you for inviting us to respond to the questions you have presented in your letter. We hope to continue to be helpful in this and other areas affecting older people.

Sincerely,

CYRIL BRICKFIELD.

ITEM 9. LETTER FROM BERNARD F. HILLENBRAND, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF COUNTIES, WASHINGTON, D.C., TO SENATOR FRANK CHURCH, DATED NOVEMBER 16, 1977

DEAR SENATOR CHURCH: I appreciate the opportunity you have offered to share with the committee NACo's views on title V of the Older Americans Act.

To address the issues you mentioned:

(1) *Making title V a straight formula grant program, as are titles III and VII:*

It is the firm conviction of the elected officials represented by this organization that the best approach to funding the various titles of the Older Americans Act is a block grant approach—that is, to consolidate funds available through titles III, V, and VII, and allow local jurisdictions to allocate those funds in response to local needs, according to local priorities. Our preference, therefore, is a formula grant program combining all three titles.

If such a change is not a viable option in 1978, however, we do see distributing title V dollars through a straight formula as a preferred interim step—as long as there is sufficient funding for this title. Otherwise, any approach for distributing an inadequate amount of funds will fail to achieve the objectives of this section.

(2) *The funding of part B to include staffing:*

Many of the county officials who have shared with me their problems in establishing and operating senior centers are distressed by the absence of available funds for staffing. NACo strongly recommends the funding of part B to include staffing.

(3) *The allowance for "limited construction" under title V in order to accommodate those areas who have no facility to acquire, alternate, or renovate:*

Since this situation has also occurred in many counties, NACo would have to support allowance of construction, on a limited basis. But, I must again make the point that such a provision is not productive unless there is adequate funding available.

(4) *The practicality and feasibility of implementing sections 506 and 507 on mortgage insurance and interest loans, together with placement of such a program: HUD, Farmers Home Administration, Public Health Service, and AoA:*

Because funding for construction of senior centers has been—and may remain—at a low level, sections 506 and 507 should be funded to encourage organizations to seek funding from other sources. Responsibility for these mortgage programs could be placed in HUD or the Farmers Home Administration but a direct link should be maintained with the Administration on Aging.

(5) *Possible coordination with senior centers of the comprehensive plans submitted by the State agency and area agency:*

Because of the strengths and merits of comprehensive planning, NACo would support a provision to include in the area plan the activities and programs provided in senior centers. A plan, it seems, which omits such services is less than comprehensive.

(6) *The setting of standards for senior centers; should they be offered as guidelines, requirements, or merely "suggestions"?*

NACo and the county officials would be pleased to see a set of standards for the development of centers and center programs of outstanding quality made available. We, however, are interested in their availability—not in their use as requirements. It is our conviction that local government, not the Federal Government, must have the freedom and responsibility for making such decisions.

I do appreciate this opportunity to submit a statement and look forward to sharing my feelings on the other titles of the Older Americans Act during the upcoming Senate hearings.

Sincerely,

BERNARD F. HILLENBRAND.

ITEM 10. LETTER AND ENCLOSURES FROM SOPHIE D. THOMPSON, ACSW, CHIEF, MEDICAL SOCIAL SERVICE, PUBLIC HEALTH SERVICE, HEW, TO SENATOR PETE DOMENICI, DATED NOVEMBER 15, 1977

DEAR SENATOR DOMENICI: We sincerely appreciate your efforts so that the elderlys' needs may be met. On behalf of the Navajo Senior Citizens, thank you for your continued concern and activities for the elderly.

We will have Navajo people, both consumer and provider, testifying at the Albuquerque hearings on Novembber 21. I, too, will have a written testimony, for unfortunately, I will not be able to attend the hearings holding due to prior commitments made on that day.

Meanwhile, I am sending for your information two recent issues of the *Navajo Times* in which the Navajo elderly are given extensive coverage. These, articles, including personal interviews with elderly Navajos, by two sensitive and exceptional reporters "tell it like it is," from the point of view of the elderly themselves, much better than any formal prepared testimony could. The reporters, Wendy Feder, staff reporter for the *Navajo Times*, and Dan Liefgreen, public information officer for the Office of Navajo Economic Opportunity, have provided excellent and informative news on the Navajo elderly. With their permission, I submit their report as given in the *Navajo Times* of October 27, 1977 and November 3, 1977 into the records of the U.S. Senate Special Committee on Aging hearing held in Washington, D.C. on October 20, 1977 ("Senior Centers and the Older Americans Act").

Sincerely yours,

SOPHIE D. THOMPSON, ACSW.

[Enclosures.]

[From the Navajo Times, Window Rock, Ariz., Oct. 27, 1977]

NAVAJO ELDERLY—DOES ANYONE CARE?

The elderly have often been referred to as the forgotten people. A people warehoused by their young, set aside in nursing homes so as to not be seen, a people ignored, overlooked and neglected.

There are many differences between life and values on the reservation and those off the reservation. However, one thing appears to be the same—the Indian elderly are not adequately cared for here either. The mobility of the young so prevalent in modern society has influenced the reservation too. Age brings weakness and dependency. People no longer seem to have the time or the will to shoulder the burden of their aged.

The Indian elderly aren't asking for much. They would prefer to stay in their homes than be anywhere else, even if they're alone. The fear of death and the depression that goes along with simply aging doesn't seem to be as prevalent here as in the white American culture.

The elderly ask only that their basic needs be met—warmth, wood for the winter, food, help with chores that they haven't the strength to do, and an income which would allow them to live out their lives in health, decency and dignity.

But these needs are not being met.

There isn't any single target for blame. The reasons why only two percent of estimated 14,000 Navajo elderly are receiving any kind of help are far too complex. They involve changing family structures, lack of coordination among states, regions and reservation agencies, standards and programs which may work in urban areas but which have no relevancy here, lack of adequate funds, and perhaps, even that the concept of social services—asking for help—is foreign to those who have been raised traditionally.

Before programs can be estabilished, funds are needed. The Indian elderly are not receiving enough from the federal government or from the state. Funding must be based first on population and then on need, if Navajos are to get their fair share. It will take more money to bring services to the elderly living in remote areas of the reservation than it does to provide services to community-settled elderly who are able to come to service providers.

Before workable programs can be launched, there must be coordination and cooperation among all Aging agencies, be they the three states, the three regions or the aging organizations on the reservations.

Direct funding to the tribes for elderly programs, as opposed to funding through state agencies first, is a prime objective of many Aging groups, but until that becomes a reality, it is essential that the three states which hold the Navajo reservation come to some joint decisions concerning the administration of funds and programs on the reservation. It's happened on other reservations, so there is no reason why it cannot happen here.

New standards and formats for elderly programs on the reservation must be set. In urban areas, central services offices may make sense, but here, there are few who can get to these services. Transportation and in-home service programs are greatly needed.

There are many Indian elderly who need daily assistance and can only consider nursing homes. At present there is only one reservation nursing facility, which has a capacity of only 79. Over 400 Navajos are in off-reservation nursing homes, where they are isolated by language barriers and cut off from their culture and families. We need more facilities so these grandparents can be brought back home.

Because the life expectancy among the Indian population is lower than that of the non-Indian population, all aging programs must be urged to lower the age of eligibility for Indian elderly.

And, very importantly, a great effort must be made to inform the elderly of their rights and the services that are available, and to encourage their participation in the planning and implementation of their own programs. Local Senior Citizen Councils and the Navajo Nation Council on Aging are attempting to do this.

There are a great many obstacles which must be overcome before the Indian elderly begin to receive the kind of help they need. Besides coordinating all tribal efforts, it is important that strong and consistent pressure be kep. on all off-reservation agencies whose policies need to change.

The elderly deserve at least this much—to have the most basic of needs satisfied in return for the many years that they worked, and their roles as the carriers of tradition, for the fact that they are responsible for the lives of all the generations that follow them. All of us face old age.

Joint State Effort Needed

The Navajo reservation lies not only in three states, but also in three federal regions. Without any coordination between states in such a situation, it is difficult, if not impossible, to coordinate reservation-wide elderly programs. And no coordination has yet been achieved among the states of Utah, Arizona and New Mexico.

"We made efforts to bring this (coordination) about two years ago" commented Jack McCarthy, Director of the Region 9 Office of Aging San Francisco. "It was our hope that the states would arrive at one planning area, but we didn't have much success. I don't think that Utah was interested, and New Mexico was interested in the nutrition program but not in planning and service."

In March, McCarthy said, the former director of the Arizona state Agency on Aging, Noreen Miover, indicated that it would be a good time to try again, since she felt that Raul Castro would be more receptive to the idea than his predecessor. But, just when they were ready to have another meeting, Miover resigned.

At the present time, Bob Thomas is acting director of the agency. McCarthy stated that as soon as another premanent director is found, the state coordination will be the first item on the agenda.

McCarthy said he feels that a joint area agency on aging would "make a great deal of sense." Each state would contribute funds to the area agency with Title 3, 7, or 5 monies on the basis of the Indian elderly population.

The idea of jointly funding programs on a reservation is relatively new, but it has been accomplished in some places. The Standing Rock Sioux Reservation lies in both North and South Dakota. An agreement was reached by the state agencies on aging whereby North Dakota sends all of its funds designated for the Indian elderly to South Dakota, which in turn administers both states' funds to the tribe. The Duck Valley reservation in Nevada and Idaho has a similar arrangement. Both states are funding a project on the reservation which is being put together by the tribal government, McCarthy reported.

The regional agency director said that he'd like to see the Navajo reservation made into a separate planning and service area.

He added that in terms of the total elderly population, he feels that the Indian elderly should be a "prime target for services." Because of the added problems which arise from great isolation, distances from any kind of services and the lack of modern amenities, "It certainly would be the priority population to serve", he stressed.

McCarthy feels that it is unfortunate that many of the minority cultures, which were built upon a respect for age, are losing that concern. "The majority of society shelves its elders, and even cultures which hold high value for age are being influenced by this."

Hawaii, which is also in region 9, is being influenced by the "majority" society, as well. "It's something that the minority society should hold on to," McCarthy commented.

An Interview With Ruth

Ruth Polacca is 82 years old. She lives alone in a valley about 10 miles north of Crystal. She has a garden to plant and to harvest, sheep to care for. She has no telephone and doesn't drive. She lives solely on her monthly social security check, which isn't enough to pay her bills and men to help her with all the chores she is too weak to do.

Ruth has heard that there are services to help the elderly, but she's never seen any of them. She's heard that people are paid to come around and visit homes, but no one has ever come to her home. "Lots of people get help around the chapter," she says, "but they can get to the store easy and get their food easy, while us people out here have a hard time."

Ruth has lived in the valley near her whole life. She's lived alone in her small house every since her husband died, almost 30 year ago. Of her eight children, five of them have died over the years, including all three of her sons. It's been a long time since she's had a man around to help her with any work.

There is a small house and a hogan across from her which she rents out when she can, but no one has lived there for over a year. Ruth rarely gets any visitors.

Ruth feels that the tribe just "doesn't understand." They help the young people who are still strong and healthy, and the people in the communities who are able to get food, fuel and health care more easily, but those who really need the services don't get any.

"I always tell them that these old folks who must fight their way through life working for themselves ought to get help. But now they've gotten old and they (the tribe) don't notice it."

In the wintertime, it snows heavily where Ruth lives. The three-mile dirt road which leads from highway 12 to her house is difficult to drive even in the summertime and it is treacherous in winter. "It's pretty bad in wintertime," Ruth says. "The tribe ought to see that they (the old people) get wood in winter time before the roads get bad, and if there's any kind of food, help them with food because the young ones, they leave grandchildren with us sometimes."

Last winter, Ruth had a broken arm, and several of her sheep froze because she couldn't get to them. Now she has only 38 sheep left, which Ruth says is "not enough to do any good."

Ruth's half-sister, Elinor Denetsonie, lives less than one mile away from Ruth. Elinor is 84 years old, and like Ruth, lives alone. They used to visit each other often to talk of their families, their sheep, their weaving, but they rarely see each other anymore. They are too old to walk the distance.

Elinor also receives no help. She says that she doesn't hear a thing about any programs which will help here. "Nobody will tell us," Elinor says sadly. One of her young grandchildren plays behind her on the bed in the dark room of her small house. "We are old. We have earned our living. We are sickly all the time and we are the main ones who don't get any help."

Ruth says that Elinor is lucky, because she has grown sons and grandsons who are strong and can help her. "But me, I'm unlucky. I don't have any," she says.

Ruth still weaves rugs as much as she is able, but she can no longer make pottery and baskets like she used to, because she has no way to get the materials. "I can't do it anymore because I don't have the things to do it with. They get it (the materials) way in Colorado. I used to go when I had a driver."

Ruth feels the main problem with the tribe is "poor management" of funds. "They just waste the money that's (intended) for each chapter. They don't really get what they should. That's what I call poor management.

Ruth thinks the young people are losing Navajo culture and would rather be away in a city or a town. "They're losing it and they should not," Ruth insists. "A lot of young ones don't understand that it is important."

With all of their hardship and isolation, both Ruth and Elinor are asking only that their basic needs be met. "If anyone could help us with some food or wood," they plead. "And try to keep our road open."

Neither says that they are lonely, and both agree that "there is nothing like home, even when we're alone."

The Nursing Home Need

There is only one extended nursing care facility on the Navajo reservation. The Chinle Extended Care Facility (CECF), located about one mile outside of the town of Chinle, provides the kind of nursing and medical care that the Indian elderly need, but it is not enough.

CECF has only 79 beds, not nearly enough to accommodate the portion of the estimated 14,000 elderly Navajos who need such care.

It has been stated that there are over 400 elderly Navajos in off-reservation nursing homes across the country. The situation of these elders is very sad. Many of them cannot speak English; and separated from their family and cultural ties, the depression and loneliness that results often leads to premature death.

Unfortunately, there is no other alternative available at the present time. Those who are in charge of CECF are planning to open up a new branch at the Toyei boarding school in the near future (they expect to receive their Use Permit in 2–4 weeks). This will provide another 72 beds, but the Navajo Nation will still be far from able to accommodate all of its elderly who need nursing homes.

There are 40 on the waiting list for CECF, and already 63 of the beds at the new Toyei branch are called for; of these, 41 are Navajos in off-reservation nursing homes who are already funded by BIA or PHS. "A lot of times they die before we can admit them," comments Bob Huckobey, Administrative Manager of CECF.

One of the greatest difficulties faced by Indian elderly in nursing homes is the sterility of the environment, the absence of Navajo culture. The Chinle Extended Care Facility has made a great effort to fill this need of its Navajo residents. In addition to providing skilled medical and nursing care, CECF keeps a very Navajo atmosphere.

Indian music plays in the cafeteria during certain times of the day, traditional ceremonies are held in a hogan built next to the facility, mutton and fry bread feasts are held, and almost the entire staff is Navajo.

But even the elderly there experience feelings of isolation and loneliness. "Once people get here, the Navajo has the conception that this is a point of no return, a place to die of old age," comments CECF director Leo Haven. Most would prefer to be at home with their families, he adds, but their families don't want them.

"For some reason, most people don't want to take care of their elderly," comments Sophie Thompson, IHS Social Services Chief and member of the National Indian Council on Aging. "I think they get to be a problem when they reach an age where they need more resources than they have themselves." Thompson said that on one visit to the facility, she asked a number of the residents about their families. Without exception, each broke into tears.

Thompson feels that there are many factors which contribute to the neglect of the aged by their families. "It's economics, it's the mobility of people, it's education. A few generations back, kids were kept home to take care of their grandparents and many of their older people. Now, most of them only speak English, because none are kept home either to take care of their grandparents or to take care of their sheep."

The family, Thompson continues is changing. The extended family as the primary unit is being replaced by the nuclear family. Everybody has his own job and his own home. Each individual family is by itself and does not necessarily relate to the others.

So the elders are often abandoned. Families are overlooked with responsibilities and cannot meet the demands of their elderly, Thompson says. Many of the old ones do quite well in the summertime, but in the winter, when it's difficult to move about, and they cannot get the wood, the food, and the services they need, there is a great demand for nursing home care.

As it stands now, families make their requests to the BIA, which is the primary placement organization. IHS works together with the BIA in this instance, providing them with some of the plans and the paper work. The elderly are funded and placed in off-reservation nursing homes.

"It is lonely for them," Thompson explains. "They don't have a staff that can speak their language and there are no Navajo ceremonies. It's really sad. But

there's no other places to put them unless the hospitals begin to, and they're in no position to do that."

Thompson says that they are hoping for more facilities on the reservation so that the elderly Navajos in off-reservation nursing homes can be brought back, but she feels this is a long way off.

One problem which faces nursing homes on the reservation concerns standards set by the state for licensing. In order for nursing or skilled care homes to receive federal funds, they must first meet certain standards which have been set by the state. However, very often the state will not come up to evaluate these standards in order to license the facility, arguing that it is out of their jurisdiction.

There are some who fear the establishment of nursing homes across the reservation. These people feel that this will further isolate the elders from their communities.

But, increasingly more and more elderly are being left in their homes without being fed or cared for and without access to emergency services. In the United States, it has been estimated that one third of the elderly in nursing homes would not have to be there if a minimal amount of in-home care—health check-ups, some shopping and home repair, provision of fuel—were given.

For others, the extensive care which a nursing home provides is essential. These are the elderly who live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized.

Foster Grandparents: Affection and Tradition

Only a small fraction of the Navajo elderly are receiving any kind of special services. But those who are, like foster grandparents Marie Keedah, Bertha Crawford and Mark Slinkey, who works at St. Michaels Special Education School, seem to be happy with the results.

The Navajo Foster Grandparent Program, run by the Office of Navajo Economic Opportunity (ONEO), is a part-time employment program for needy Navajo elderly, age 60 and over. Grandparents work up to 20 hours a week with children in special education schools, PHS hospitals, boarding schools and day care centers. The grandparents teach Navajo culture, arts and crafts, legends and generally give the children a warm, homelike atmosphere.

All three grandparents at St. Michaels love their work. And the children (age 6 months to 18 years) love them, there is no mistaking that. Shouts of "Where's Grandma?" or "Where's Grandpa?" fill the air when a child needs assistance, whether it is helping them choose the right water color, or teaching them how to count to ten in Navajo.

Bertha Crawford, who has three blood-grandchildren she helps care for at her Ft. Defiance home, said she needs to be active and busy. "I didn't just want to stay home and waste away," she relates.

"I like being a foster grandparent; I can bring out traditional (Navajo) things to the children," she adds.

Marie Keedah likes to be around people. The reason she enjoys her job so much is because "I can be with little children, other workers, and the Sisters." "I like helping the handicapped children and keeping them happy." Judging from the giggles and laughter, she's doing a good job.

Just as important to keeping the children happy is the teaching of Navajo culture, or rather preserving it. Mark Slinkey, who has been at St. Michaels for almost five years can usually be found teaching silversmithing, Navajo songs or games to the kids. He patiently instructs the children, watching closely to see if they picked up his lesson. It pays too, especially in the long run.

As happy as they are, they still have concerns. Marie says, "there don't seem to be many programs where children can get to know elderly people as grandparents or teachers." There might be a reason.

Jesse Sixkiller, State Director of ACTION, the federal volunteer agency which runs Foster-Grandparent, feels that "the majority of Indian elderly have lost a role due to changing times, and have a great need to be needed."

According to Sixkiller, one of the reasons Indian elderly don't receive adequate services is because frequently "a program is designed by off-reservation people, and it just doesn't fit."

"We must make changes in programs to meet unique Indian needs, allow for Indian input," he adds. He feels the Navajo Foster Grandparent Program is successful because of this.

Marie Keedah agrees: "the ONEO Foster Grandparent Program is good."

There are 186 Foster Grandparents employed at 34 worksites on the reservation. Grandparents receive a stipend of $1.60 an hour, insurance coverage, mileage reimbursement, and a nutritious hot lunch.

Fair Share for Indian Elderly?

When the Federal Commission on Aging allocates funds to the states under the older Americans Act (OAA) of 1965, they do so on the basis of the state's population of people over 60 years of age. But when the states distribute monies to local areas, they don't necessarily use a population formula. Arizona is an example.

The Arizona Bureau of Aging sets aside 16 percent of the OAA monies they receive for Indian tribes. Navajo Tribal Aging officials think the tribe is not receiving an equitable share of the funding.

Tribal Aging Services Director, Dave Lundberg, says, "elderly Arizona Navajos makes up 59 percent (7,825) of the total Arizona elderly Indian population, but we are only receiving 27 percent of the Title VII nutrition monies." There is a need to serve 7,825 persons, but the eight Arizona meal programs can only serve 265.

Larry Sanderson, the Indian Program Specialist for the Arizona Bureau on Aging, acknowledges that monies are not distributed to tribes according to population, but rather, "based on accomplishments."—"The Navajo Tribe hasn't shown us anything; up until this year they were underspending," says Sanderson. When asked who had accomplished programs, Sanderson cited the Gila River, White Mountain Apache and Colorado River Tribes.

Lundberg confirms that monies were underspent, but says this was due to the fact that the program was being reorganized, and he and Title III (planning and services) Coordinator Donna Sacotti had just been hired. He adds; "There are inadequate funds available to meet the critical needs of Indian elderly; the Navajo Nation can serve less than two percent of the over 14,000 elderly (over 55) a hot nutritious lunch. Yet, 99 percent of these elderly are living below the federal poverty guidelines.

"The state should adopt a consistent policy in its relationships to Indian tribes; we need a population formula," he said. He also stressed the need for technical assistance from the state in establishing home health services.

Bob Thomas, Acting Director of the Arizona Bureau on Aging, says "there just isn't enough money available; if we used a population formula, the smaller tribes would receive so small an amount they couldn't run a program."

That has happened already. The Papago Tribe decided in 1973, temporarily to stop using state funds because "they couldn't serve enough people and the tribe couldn't afford the matching funds," says Alice Norris, Director of the Papago Elderly Program.

Navajo Aging officials are also concerned about population figures which the state uses for the Tribe. For instance, the Arizona Bureau on Aging figures for population in Region Three (northern Arizona), which includes the Navajo Reservation, shows 5,270 Indian elderly. But, according to the Indian Development District of Arizona statistics used by the Bureau, Navajo elderly population alone is 7,855.

Things Change In 105 Years

She says she is 105 years old. Her dark skin falls in wrinkled sheets on her fragile frame. She's almost blind, almost toothless, but her mind is clear.

Nedezbah Benally lives on St. Michaels land, less than five miles from Window Rock. Her father came back from Fort Sumner over 100 years ago and settled perhaps 200 yards from the Window rock. The land he claimed included all of the land on which Window Rock and St. Michaels are built, and more.

When Nedezbah Benally married at 18 years of age, she moved to her new husband's land near St. Michaels. She cannot remember how the land was lost by her family.

Now she lives less than five miles from the town of Window Rock where she has lived for 87 years; and still, although electric lines run less than 25 yards from her house, she has no electricity or running water.

Nedezbah lives with her daughter, who is in her early 60's, and several of her young grandchildren. It is her land. The only income they have is her monthly social security check of $177.80, which hasn't kept them from going into deep debt. She has to feed her grandchildren, and last year her daughter took ill, so most of her valuables are now in pawn.

During the span of her long life, Nedezbah Benally has seen many things change. When she was born, there were no buildings, only hogans, open land, and no white men here. People moved around with a "great sense of freedom." There were no land allotments or landsite leases. There was no conflict among the people who shared the land. There was courtesy in greeting, and trespassing problems were not yet heard of.

Respect was given to one's elders. Children never talked back to their parents or grandparents. Parents kept a whip in the house, and used it if the children were ill-behaved. A lot more respect was given to the elders back then than is given now, she says.

But even then, Nedezbah recalls the elderly were seen as somewhat of a burden. When the children married and left home, there was still a tendency for the old to be forgotten. Sometimes, when she was a child, Nedezbah would hear of old people dying of thirst or falling into a ditch and dying, because there was no one around to help. That, she says, hasn't changed; only it's worse today.

Nedezbah says she was raised the "old Navajo way", but nobody grows up the old way anymore. She feels that, after working her whole life though, she is now forgotten.

The end of traditional ways began with the establishment of schools on the reservation, Nedezbah thinks. Education is a good thing, but the young folks become "big shots" and don't use their education to help their people, she says.

When she was young, Nedezbah Benally and her framily would travel to Shiprock from Window Rock if they heard of a ceremony there. Travel was difficult then and took a long time, but ceremonies were infrequent and they were sacred. Nedezbah feels that ceremonies are abused these days. There are too many of them, they are used as social occasions, and the religious part is gone.

When she was a child, Nedezbah's father used to tell her all about Fort Sumner. And she used to teach what she had learned to others. But now, she can't remember. Sometimes at night, before she goes to sleep, Nedezbah says, she just lies there in the dark and tries to remember what her father told her so many years ago. Sometimes she thinks she remembers bits and pieces of stories, but she doesn't know whether they really happened.

Nedezbah, all of her children and all of her grandchildren were raised in Window Rock. Now, with the tribal administration right where she was born, Nedezbah Benally says that many times she just "thinks about it". . . .

Although there are many who still argue that the land was taken without right, Nedezbah Benally isn't bitter. Instead, she feels proud. Two years ago, she travelled to the Navajo Nation's capital to thank the tribe for making the land that was once her father's and her own into something that can now serve her entire people.

Nedezbah's daughter, Eva Todacheenie, does feel some bitterness. "You look at Window Rock from here—nice houses, people working, making a lot of money, nice homes, running water and electricity. But we don't have any. It's my grandfather's land and we're not getting anything."

Nedezbah says that she would like to see some changes, but she would never say so because she's a humble person.

Target One: Direct Funding

Most people involved in the advocacy, planning and delivery of services to the Indian elderly feel that the key to providing adequate and efficient services is through direct funding from the federal government to Indian tribes and organizations.

The majority of programs for the elderly are funded under the Older Americans Act (OAA) of 1965 (amended in 1973 and 1975) and administered through the Administration on Aging in the Department of Health, Education and Welfare.

The largest titles of OAA are 7 (nutrition) and 3 (planning and coordination).

Presently, funds are distributed to the states according to population, after a state aging plan has been approved by the Administration on Aging. In addition, each state is divided into regional planning and service areas or area agencies on aging.

Many involved in running Indian elderly programs find the states insensitve to Indian needs, incompetent to administer programs, and lacking in knowledge to design workable programs, thus failing to give the Indian elderly a fair piece of the pie.

Sophie Thompson, IHS Social Services Chief, says, "it's like pulling teeth trying to get money from the state of Arizona into the hands of the Indian people. It's too difficult dealing with the State agency; we need direct funding."

Support for direct funding goes as high as the present Commissioner on Aging, Dr. Arthur S. Fleming, who is serving in this capacity only until President Carter names a successor. Fleming, who is also chairman of the U.S. Commission on Civil Rights, was contacted. "Personally, I've always favored direct funding," he commented.

"I recognize that the older persons who are members of the American Indian community confront some very serious issues," he added. Fleming said he also supports the Indian Desk proposal in the Commissioner's office, "so the character and nature of those issues are kept before us at all times." He anticipates that the direct funding issue will be raised again when the Older Americans Act comes up for extension. (It expires Sept. 30, 1978).

Jack McCarthy, Region 9 A.A. Director, says he supports direct funding as long as the tribes receive at least as much funding as they do through the state agencies and there is more staff available to monitor the tribal programs.

But Peggy Folk, Director of New Mexico District I Area Agency on Aging, and who runs the meal programs in the New Mexico portion of the reservation disagrees. She feels that if the tribe receives direct funding, they wouldn't pass the monies to the communities.

David Lundberg, who heads the Navajo Aging Services Office (under the Tribe's Division of Health Improvement Services), believes that up until recently, "the needs of the Navajos have never been addressed."

"The easiest way to provide comprehensive services to the Navajo elderly is for the Navajo Tribe to receive direct funding from Washington," he says. Lundberg doesn't believe the states want to give up their power, the alternative is for the states to sub-contract to the Tribe to provide the services, but that would be more costly administratively.

Most people involved in programs for Navajo elderly agree there is a lack of communication and coordination between Arizona, New Mexico and Utah reservation programs. Few seem to know who is doing what, nor do they make any serious attempt to find out. This is an inherent problem when there are three different states administering programs, each one with different regulations and population numbers. The solution, many feel, is for the tribe to run all the programs for the reservation elderly. This can come about only through direct funding.

Direct funding for elderly programs is not a new idea. In fact, direct funding is being advocated by the Navajo tribe for other social services. At the 1971 White House Conference on Aging, a special Indian concerns session made direct funding one of their major recommendations. It was further recommended at the June 1976 National Indian Conference on Aging in Phoenix, sponsored by the National Tribe Chairmen's Association, and attended by over 1,000 Indian and Alaskan Native people representing 171 tribes.

The National Indian Council on Aging (NICOA), formed from a task force chosen at the 1976 National Indian Aging Conference and funded as three-year model project by the Administration on Aging, is spearheading efforts for direct funding legislation.

According to Juana P. Lyon, NICOA Executive Director, the Older American Relief Act of 1978 will be introduced in Congress sometime in January, 1978.

A sponsor for the measure is yet to be determined.

Ms. Lyon believes this legislation will assure "not only adequate but appropriate services to Indian elderly."

Ms. Lyon also said the bill would benefit larger tribes, such as the Navajos; but the consortium provision should aid the smaller tribes in obtaining proper funding. She added that she hoped the Navajo Tribal Council would support the measure, which she said "would recognize the trust responsibilities of the U.S. toward Indian tribes, and the special needs of the elderly Indians."

Included in the proposed bill are provisions that would:

Provide direct funding to Indian tribes and tribal organizations from the Administration on Aging, if a tribe or organization wants it;

Provide for a "set-aside" of funds for Indian tribes and organizations, to be distributed by the Administration on Aging;

Provide that one half of funding to tribes/organizations from the set-aside will be allocated according to ratio of tribal population aged 60 or over to the popu-

lation aged 60 or over in all federally recognized tribes; the other half of the set-aside will be allocated by the Commissioner based on need.

Provide federal funding at a level of level of 100%, thus not requiring a tribal/organization match.

Provide that the population statistics used for allocation of funds will be those that the tribe/organization feel are accurate counts of their Indian elderly.

Establish an Office of Indian Programs in the A.A.;

Allow tribes/organizations to form consortiums to acquire funding;

Provide federal funding at a level not less than the value of services formerly received through the states or area agencies on aging.

Make permanent funding available for NICOA.

[From the Navajo Times, Window Rock, Ariz., Nov. 3, 1977]

SOUTH DAKOTA HAS BEST ELDERLY PROGRAM

Reservations in South Dakota have some of the most successful programs for their elderly, according to Erma Tetzloff of the Office of State and Community programs in Washington, D.C.

There are nine Sioux reservations in South Dakota, of all persons over 60 years old in the state, only slightly over 2 per cent are Indian. But of those participating in the programs, 24 per cent are Indian.

The largest and most extensive program for the elderly in South Dakota is the Title 7 nutrition program. The service offers five free meals a week to anyone 60 and over, and their spouses. Although this program is utilized throughout the country (including the Navajo reservation), no other reservation includes more extensive or better utilized supplementary services than the program in South Dakota.

The transportation service which brings elderly Sioux from the remote areas of the reservation to the centers where the meals are served has been very successful, according to James V. Anderson, Director of the State's Bureau on Aging. And since these people rarely get the opportunity to come to the larger community, various other services are provided at the centers—health screening, with a certified Public Health Service nurse on hand; opportunities to shop, hospital visits if needed, and recreational activities. For those unable to leave their homes, meals are delivered.

Participants in the programs are given nutritional education, including information and assistance in home nutrition management, and are given access to other social services, including a statewide free telephone service for those who either do not have telephones or are uncomfortable using the phone to seek help.

For many, Anderson says, the food service, which is the main program, is not as important as the supplemental help which is provided.

All nine reservations in South Dakota are served by this program except Flandeau, a small reservation in a small town area where there is not the "priority need." Flandeau is fully provided for by community action programs in the town, Anderson claims.

24 per cent of participants in the Title 7 nutrition program are Indian, and 30 percent of the meals are served to Indians. The food centers are located wherever the greatest needs are. Participants are not required to pay, but all who feel that they can, make whatever donation they can afford. For some, Anderson says, this may be a nickel, for others a half dollar.

In July, over one-half of all Indians over 60 years old participated in the program.

At first, Anderson said, before the Title 7 program was expanded, the state agency was making grants to the tribes solely for transportation. These grants provided for the purchase and operation of vehicles and were responsible for bringing the elderly who did not have transportation, to communities where they could receive the services they needed. The transportation grants were provided for by Title 3 funds. When the Title 7 nutrition funds were introduced, South Dakota combined the two programs.

In 1974 South Dakota combined a model home repair project on Cheyenne River reservation. This was authorized by the Older Americans Act, Model Project Program. The project provided whatever services were needed to make the homes "livable" (window fixing, roofs, doors, weather protection, etc.). Now the home repair service exists on a much larger scale and is funded by community action agencies.

There are still some homes in the remote areas of the reservations which do not have electric or an immediate water supply, Anderson continued, but work has been done in the last few years to get to these people.

The Outreach program, which provides funds for Outreach workers (many of whom are related to the Nutrition program) to locate elderly people who are in need of special services, has been quite successful.

Another program which has been highly successful in serving elderly Indians in South Dakota is the Title 4 Training and Education program, designed to train people who wish to help deliver the programs to the elderly.

Because of these training programs, Anderson explained, in which there is "a high level of Indian participation," most of the staff members delivering the nutrition program services are Indian.

Anderson said he attributes the success of these programs both to the agencies' efforts in encouraging participation and making the programs known, and to the leadership of the tribal offices in South Dakota. "We've made a consistant effort to be sure to get the information directly, and have personally encouraged participation," Anderson commented.

The fact that a member of the state aging bureau staff is Indian helped tremendously in launching these programs. Now, Anderson said, there is good communication and rapport between the Bureau and the people on the reservation.

In addition, support has been given by the state's advisory council on aging, the governor and other leadership. They have "given encouragement, cooperation, and have helped to facilitate the programs," Anderson said.

One of South Dakota's reservations, Standing Rock, is divided between North Dakota and South Dakota. The two stages got together and agreed to deal jointly with the tribe, to avoid confusion and make the administration of Indian elderly programs as efficient as possible.

"At first," Anderson said, "the tribe didn't want to deal at all with the state," but eventually an agreement was made between the two states for joint funding to the tribe. At the present time, when North Dakota receives its funding from the government, it sent the money to South Dakota, which channels it to the tribe. It is additionally interesting, Anderson added, that the tribal government for the Standing Rock reservation sits on the North Dakota side of the state line.

Coordination Needed Here

The Navajo Nation Council on Aging was formed one year ago. The Council's main goals are to act as an advisory group to all service providers, identify Navajo elderly needs, evaluate current reservation programs and forward recommendations to the Tribal Council.

With several different agencies operating programs for the elderly on the reservation, there is certainly a need for coordination. Howard McKinley, Vice President of the Council, would like to see it function as a planning an coordinating organization that helps to develop "community-controlled elderly programs."

The Council, which meets monthly, seems to be generating some grassroots participation in programs. In the Arizona portion of the reservation alone, there are 20 communities which have formally requested nutrition meal sites; although acquiring the funds will be much more difficult.

Another problem that has arisen is paying for the local Senior Council members' travel to council meetings. Expense for attending council meetings in various parts of the reservation are currently being paid by the elderly themselves.

In January, 1977 the Council passed a resolution that requested appropriation of state funds from New Mexico, Arizona, and Utah to reimburse the expenses of local Senior Council members to attend NNCOA meetings. No funds have been appropriated.

The Council is currently made up of one representative from IHS, ONEO, BIA, the National Indian Council on aging, the Health, Alcoholism and Welfare Committee of the Tribal Council, and one representative and alternate from the local Senior Citizens Councils (approved by Chapters) at meal sites.

National Task Force on Aging Needed

At a National Indian Conference on Aging held in Phoenix during the summer of 1976, over 1,000 Indian elderly from throughout the nation gathered to make

recomendations for meeting the "unmet needs of the Indian elderly." One recommendation adopted at the conference was to create a National Indian Task Force on Aging, to provide advocacy for the Indian elderly.

The 35 Task Force members elected at the Conference then incorporated themselves into the National Indian Council on Aging (NICOA).

There are three Navajos presently on NICOA, two of them serving on the Executive Board of Directors. Sophie Thompson, IHS Social Services Director, sits on the Executive Board, and Louva Dahozy, formerly with the ONEO Nutrition program, is an alternate to the Executive Board. The third Navajo member is Larry Curley, a representative to the Phoenix Area, and an Executive Board member.

NICOA has established four immediate priorities:

1. Obtaining direct funding to tribes from the federal level, and making the Congress and President of the U.S. mindful of the unique trust responsibility of the federal government to Indian tribes and Alaskan Natives.

2. In an effort to reduce the high mortality rate of Native Americans, the minimum eligible age for programs should be lowered.

3. More administrative flexibility at the local level for the elderly programs, "because the program that might work very well in New York city is not relevant at Gray Mountain on the Navajo Reservation in Arizona."

4. Request the Senate and House Committee on Aging to hold national hearings on the Indian Elderly.

As far as priority one is concerned, according to Executive Director Juana Lyon, direct funding legislation will be introduced in Congress sometime in January, 1978.

NICOA's request in priority four has already been granted, as hearings are to be scheduled soon in Albuquerque and Scottsdale.

Currently, the full membership of NICOA consists of forty Indian and Alaska Native individuals. Twelve members make up the Board of Directors, representing twelve different geographic areas.

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